SCRAPBOOK

CLIPPINGS FROM MEDICAL JOURNALS AROUND 1902, ORIGINALLY OWNED BY THE LATE DR.PETER M.CAMPBELL, LETHBRIDGE,ALBERTA.

J. J. JOHNSTON.
Druggist, Optician
and Stationer.
CARDSTON, — ALTA.

MICROBES.

I've had the yaller janders till I looked like butterine;
I've had the fever 'n ager till I turned a bluish green;
I've had th' rash an' measles an' I've had th' varylod,
I've had th' grip an' shingles, an' a siege o' mean typhoid;
I've had th' wust lumbago that a feller ever had,
I've had syattic rheumatiz, an' had it mighty bad;
I've had them larinjeetuses an' tonsilletus, too,
I've had appendyseetus till they carved me through an' through;
I've had the mumps an' tizzick—w'y they raised me on the croup
An' many a night in babyhood they thought I'd loop the loop;
I've had chilblains an' bunions, had sore feet t'm seeing t' fall—
Just trot out so—sin I've not had—I-jings I've had 'em all!
An' now comes all th' doctors with a theory nice an' new
That says all these diseases that has tackled me an' you
Is caused by some poor squirmin' thing that gets beneath th' hide
An' never feels quite happy till its boardin' house has died;
They tell us that th' backache an' th' headache an' the blues,
Is hatched by some dumb varmint that's crawlin' round yer flues;
They say that all ye haf t' do t' drive th' ailment off
That makes ye burn or shiver or lay 'wake at night an' cough
Is jest t' kill th' microbe that is doin' all th' dirt,
An' after that ye'll never know that anything had hurt.
I 'spose they're right, for most o' folks that's had their critters fix'd
Is deader than th' microbes—guess th' doctors got 'em mixed.
I've got a little idee of my own I'm goin' t' spring—
I hope the doctor folks won't think I'm givin' 'em a string,
An' this is it: I reckon that this theery that they've got
About th' germs an' creepers, which I think is tommyrot,
Is jest another sample of diseases that has come
From them same little microbes 'bout as big as nothin's thumb.
I reckon that this bug disease that's ruli' all their minds,
About th' little varmints crawlin' underneath our rinds,
Is caused by some fool microbe that has crept inside their skulls
An' won't let loose a minute till thy's nothing left but hulls;
An' this theery epidemic that I'm speculatin' 'bout
Is worse than any other that the docks has figured out.

—Exchange.

DSZ
175

Very great importance attaches to the complete and thorough emptying of the bladder. No residuum of urine must be allowed to remain in the bladder to set up cystitis. Take time to allow the very last drop to dribble away. As the power of the bladder wall subsides, supplement it by bringing into play the accessory muscles, without straining, using no more force than is absolutely necessary; for here too it is needful that the lazy bladder be not aided overmuch. And this can be done for a very long time, if care be always taken to thus completely empty the bladder, without straining, and without help.

But at the same time extraordinary care must be had to prevent the bladder becoming over-distended. This may at any time cause the final failure of the detrusor and necessitate catheterism. The calls for evacuation should be at once attended to, provided they are not too frequent. Once in the night is usually enough, and once in two to four hours by day. If the bladder becomes too irritable this should be discouraged, as a habit of intolerance is thus cultivated.

How about drugs?

Put off as long as possible the resort to them. Without a doubt the use of strychnine, cantharidin, rhus, etc., stimulates the detrusor and enables the patient to do a while longer without the catheter, but they cannot add any real strength to the weakening organ, and their only effect must be to bring in play at once the little remaining power, and thus exhaust it earlier. Would that we could say truthfully that they, or any drug, really restored the strength of the bladder walls, and thus postponed catheter life.

Does any drug do this? Does massage do it? Does any form of electricity? Is there any method or means of adding to the power of the bladder, that is anything more than a draft, payable with interest in the future?

That such a remedy is demanded seems likely, from the number of them put on the market by the wide-awake manufacturing chemists. Nearly every prominent house has a preparation of this sort, and testimony is not wanting as to their efficiency. And we are far from denying their value. In fact, we are most anxious to be convinced that they are truly valuable, and to know in just what cases they are best given. There are cases of cystitis, gonorrheal and otherwise; of prostatic disease of various forms and degrees; of urethral hyperesthesia; but we are not referring to these just now. What we want to know is how to differentiate between saw palmetto, triticum, sandal, corn silk, etc., and to know when to prescribe each, how to mix them, just what each may be expected to do.

Frankly, we want information; on this, a most important and obscure corner of the medical field. Won't you help us? Everyone of you who has had experience in this line, tell us of it. Let us know of your successes and failures, your uses of these remedies and their limitations.

* * *

AN ANTISEPTIC MOUTH-WASH FOR INFANTS—

Dr. James H. McKee (*Philadelphia Medical Journal*), in an article on "The Treatment of the Infantile Diarrhœas in the Summer Season," says that a good antiseptic mouth-wash should always be used before feeding, but when there is vomiting from any cause, oral cleansing should be resorted to more frequently and thoroughly. He suggests the following:

R	Boric acid	30 grains.
	Hydrogen Peroxide .	1 ounce.
	Glycerin	½ ounce.
	Rose water, q. s. ad .	3 ounces.
M.		

* * *

THAT HAIR TONIC.

I did not know you had so many front-row readers. I have had so many requests for that hair tonic referred to in my note in the CLINIC for Decemer that I cannot answer them all personally.

The following is the whole thing as I use it. The "tonic" alone is an elegant and not greasy hair dressing, but for new hair and to prevent the old from turning gray, the unguent should be used in connection with the tonic.

HAIR TONIC.

Resorcin . . . . . 2 drams,
Tinct. cantharides . . . . 4 drams,
Glycerin . . . . . 1 ounce,
Tinct. lavender comp. . 4 drams,
Fl. ext. cinchona . . . . . 1 ounce,
Dilute alcohol . . . . . .
Bay rum, equal parts, q. s. ad
. . . . . 1 pint.

Direct: Apply freely to hair and scalp every morning. When nearly dry rub a little of the unguent up in the hands and rub it well into the scalp.

UNGUENT.

Lanolin . . . . . 1 1-2 ounces,
Sweet oil . . . . . 1-2 ounce,
Chrysarobin . . . . . 10 grains,
Resorcin . . . . . 20 grains,
Acid pyrogallic . . . . . 5 grains.

Mix thoroughly in mortar.

Direct: Rub well into scalp after using the tonic.

If a more decided coloring effect is desired, add ten grains each of sugar of lead and flowers of sulphur to the ointment, which may also be perfumed with a few drops of oil bergamot, or oil of rose.

T. W. WILLIAMS, M. D.
Whitefish Bay, Wis.

To Wither Warts While You Wait.

The cry constantly goes up, "what will cure warts?" A remedy has never proved itself sufficiently sure for the *Clinic* to recommend, but now a formula is in the possession of the editor "which withers warts while you wait."

R	Sulphur sub	dr. 5
	Concentrated acetic ac.	f. dr. 2½
	Glycerine	f. oz. 2

Sig. Apply the paste to the warts on small pieces of linen or spread with a brush at night. Wash off the next morning. Repeat till the warts drop. This works every time.—*The Surgical Clinic.*

For Obstinate Freckles.

Maude.—This is the treatment you refer to, recommended by Erasmus Wilson, though excellent in obstinate cases, does not suit all complexions equally well:

Elder flower ointment, 1 ounce; sulphate of zinc, 20 grains.

Mix well and rub into the affected skin at night. In the morning wash the cerate off with soap and soft water, and afterward apply a lotion thus composed:

Infusion of roses, ½ pint; citric acid, 30 grains.

All local discolorations, Dr. Wilson affirms, will disappear under this treatment, or, if the freckles do not entirely yield, they will at least be greatly ameliorated.

Apomorphine in one-twelfth grain doses hypodermically will control the convulsions of strychnine poisoning.—Neptune.

In opium poisoning the best antidote is fluid extract of gelsemium in twenty drop doses hypodermically every half-hour till effect.

Acidity: Acids taken before meals hinder the formation of acids; after meals they add to the acidity and distress.

Detroit, Mich., November 23, 1902.

Frederick Stearns & Co.,
Detroit, Mich.

Gentlemen:—I recently had in my practice three severe cases of pronounced scarlet fever. After employing the conventional remedies for several days without any decided success, I determined to try Stearns' Antistreptococcic Serum, which I had learned had been used with good success in a number of malignant cases of the disease.

My cases were in one family—three little sisters—aged 6, 8 and 10 years. On the day I decided to give the serum, I found the one 8 years old very ill, temperature 104 degrees, feet and hands cold, throat and glands about the neck very much swollen and the child comatose, having passed a bad night. The two sisters were also very sick. On account of its having to be given hypodermically and being different from the ordinary medicinal treatment, the mother strenuously objected to my using the serum, but finally with considerable argument and persuasion she consented to let me give the contents of one bulb (10 c. c.) to one of the children. I selected the child in the worst condition, the one just referred to. Next morning I found this one apparently well, having passed a good night, and with temperature of 99 degrees. The other two children who did not receive any serum were just as bad as the day before. This instance, to my mind, is very strong evidence indicating your serum to exert a specific influence in this disease worthy of more thorough investigation. The mother seeing the beneficent results following the use of the serum in this case desired that I use it in the other cases. I did so, giving 20 c. c. to each, and within 48 hours the children were practically well.

This pleasing experience with your antistreptococcic serum has given me great faith in its efficacy in combating scarlet fever, a dreaded and common disease which has no specific treatment. I shall test it further, expecting to get the same good results.

Very truly,
W. E. SCEIBERT, M. D.

HEMORRHAGE FROM UMBILICUS OF "THE NEW-BORN."

The death rate is as high as 95 per cent, and no treatment has yet proved really successful. The only one which promises anything, is that followed by a friend of the writer, in the two cases he met in his own practice. This consists in the administration of iodin and ergot, in ½-drop doses, every two hours, and the touching of the umbilical surface with the solid stick of argent nit. Dressings and pressure have proven worse than useless; they serve only to protect the invading germs and tend to add to the systemic absorption of the toxins. Simply dry the part with sterile cotton and then, with the stick of silver nit., go over the entire oozing surface and cover with a single layer of gauze. This has, through "luck" or otherwise, saved the five cases to which it was applied, and no other treatment yet reported has saved even one out of that number. Try it in your own case (if you ever have one) and report results.

SMALLPOX—

To prevent pitting in small-pox keep the body covered with the following ointment:

℞ Acid salicylic . . . . 12 grains.
Starch . . . . . 2 drachms.
Vaseline . . . . . 5 drachms.
M. ft. ungt.

This is both emollient and antiseptic.

To control itching of smallpox Dr. C. F. Howe, of Atchison, Kans., claims that a slippery-elm poultice applied to the face while in the vesicular stage will not only abort the pustule, but prevent the pitting. The poultice must not be used until the vesicles have been formed.

The obesity cure is a dandy. It makes fat people thin, and it does this without in any way injuring their health. Let us give you a little hint as regards the treatment of these cases: Make your patient provide himself or herself with four ounces each of effervescent Kissengen and Vichy salts (you will find this made by Parke, Davis & Co., or Wyeth, satisfactory), and tell them to take a heaping teaspoonful of the salts in a glass of water upon rising in the morning. The salts should be alternated, and continued for at least a month. If you will add this to the A. A. Co.'s Obesity Tablet, using the latter in full dosage, we are positive that you will have all the fat women of the country coming in procession to your office "to be made over."

"In perhaps a majority of cases it is correct to assume that the subjects of obesity, ingest too much and eliminate too little; exercise too much at table and too little between meals; use poor judgment in selecting their diet, and exercise too little will-power in resisting the temptation to overindulgences. It is a very general observation that these afflicted individuals have a limited lung-capacity. Surplus fat is burned up by oxidation, and these people with undersized breathing apparatus fail to oxidize a sufficiency of the carbonaceous matter present in the system.

"The radical remedy is always available, without recourse to unreliable and often dangerous drugs, namely, by developing lung capacity by every possible means—chest expanding movements, rowing, punching, reaching, deep breathing, the spirometer and every other available form of lung gymnastics, *and then using this increased capacity vigorously and persistently*. They need not starve, but they must oxidize more, the most efficient means being breathing, cold bathing and exercise."

* * * * * * *

Herpes Zoster: In twenty years we have not failed to quell within two days by giving zinc phosphide, gr. 1-6 four times a day.

MEDICINAL TREATMENT IN GYNECOLOGY: MENORRHAGIA.

BY MARY GAGE-DAY, M. D., KINGSTON, NEW YORK.

[*Woman's Medical Journal*, September, 1903.]

The menorrhagia was severe, and I determined to try Adrenalin Chloride, 1:1000, in 5-drop doses, administered in water four times a day. The dose was subsequently increased to ten drops four times a day, beginning on the fourth day of menstruation. The patient received so much benefit from it that I had her repeat the medication at the next period. She says it is the first medicine she has ever taken internally that seemed to control the flow.

In another case ten drops of Solution Adrenalin Chloride, in water, four times a day, produced such a marked result for two periods that no further treatment was required.

QUERY 4152:—"Infantile Eczema." Child, 16 months old. Small, red spot on face gradually spread until now face, head, scalp, back and stomach are covered. There is some weeping and one abscess under the skin—this had to be lanced. Has been treated by several doctors. Give treatment, please.

N. J. H., Nebraska.

First of all give this child one "pink calomel" tablet every hour for six hours; three hours after the last dose give one teaspoonful of a sweetened saturated solution of Saline Laxative every three hours for three doses. Do this every fourth day. Then one granule of calcium sulphide and one of arsenic sulphide three times a day. Locally apply an ointment of one part ichthyol to six of lanoline. Do not allow the part to be washed. Keep clean by rubbing off with clean cloth and a bit of the ointment or sweet oil. Renew the ointment morning and night. This should cure in a month.—ED.

Some Remarks on Colles Fracture.

BY W. S. WIATT, M. D.,

Professor of Fractures in St. Louis College of Physicians and Surgeons.
East St. Louis, Ill.

Since the description of fracture of the lower end of the radius by Colles in 1814, possibly no fracture has given rise to more suits for malpractice. The reasons for this may be given as follows:

1. Improper or incomplete reduction.
2. Improper retention apparatus.

The cause of this injury is indirect violence, the patient falling on the pronated hand. This has an important bearing on the position which the fragments assume in most cases. The line of fracture is transverse, the lower fragment generally mounting upwards behind the lower end of the upper fragment, or impaction may take place.

The symptoms are pain, localized, and increased on pressure; numbness and tingling sensations may be present through the thumb and index finger. Abnormal mobility and crepitus are difficult to elicit at times, and if impaction be present they are absent. Loss of function is manifested in the patient's inability to use the hand and forearm.

The deformity is characteristic and has been described by Liston as a "silver fork" deformity. It is due to the position of the lower fragment lying on the back of the lower end of the upper fragment. This bulging on the back of the forearm and corresponding depression on the front produces a curvature of the wrist resembling the back of a fork. Frequently laceration of the internal lateral ligament of the wrist joint accompanies this fracture. It may also be associated with fracture of the styloid process of the ulna. If the ulna be dislocated inward, due to laceration of the internal lateral ligament, the styloid process can be felt prominently and the deformity readily made out.

The lower fragment, when situated as it is, on the back of the lower end of the upper fragment, most generally has a bridge of periosteum extending from its posterior surface to the posterior surface of the upper fragment. This should always be remembered, for if manipulations are not made to relax this bridge of periosteum, reduction may be difficult or incomplete.

This bridge of periosteum, which Pilcher has shown to be present, extending from the back of the lower fragment to the back of the upper fragment, is put upon the stretch, so to speak, so that if reduction be attempted by making straight traction on the fragment, it will be impossible to pull the lower fragment down so as to get it in correct apposition with the upper fragment without tearing in two this bridge of periosteum. In order to relax this bridge, the surgeon must hyperextend the hand, and with the hand hyperextended as far as possible, make straight traction, and then flex the hand.

By the first maneuver, hyperextension, this periosteal bridge is relaxed.

By the second maneuver, straight traction, the lower fragment is pulled from the back of the upper fragment, thence into the position it should occupy, between the carpus and the upper fragment.

By the third maneuver, flexion of the hand and wrist, the lower fragment is pushed into position, making correct apposition of the fragments complete.

Sometimes this fracture is produced by a fall on the back of the hand, then the lower fragment, instead of mounting up behind the lower end of the upper fragment, mounts up in front of the lower end of the upper fragment. This position of the fragments is so rare, however, that it scarcely need be mentioned.

After securing correct apposition of the fragments, the next step in the rational treatment of any fracture is to keep the fragments in end to end apposition.

Numberless splints have been suggested and used for the treatment of Colles fracture. We believe that none of these splints has any feature of sufficient value to especially commend it. We use a straight splint on the flexor side of the forearm, applied as follows:

Lay the patient's forearm on a shingle, mark the shingle on either side corresponding to the contour of the forearm, allowing the ends of the splint to extend from the ends of the fingers to the internal condyle of the humerus. The splint is padded. The fracture is reduced, and if there is an internal dislocation of the ulna, the ulna is pushed back into position, cotton padding is placed under the carpus to fill up any concavity which may be due to the natural contour of the wrist at this point. The wrist is then secured for an inch below the site of the fracture, as well as an inch above, to the splint, with surgeon's adhesive plaster. A spiral reversed bandage then secures the splint to the forearm, and the forearm is then placed in a sling, the thumb pointing to the chin.

This adhesive plaster insures correct approximation of the fragments and prevents any displacement.

If the ulna be dislocated inward, the adhesive plaster will prevent a recurrence of this dislocation, if proper reduction is made before it is applied.

The author has treated a number of cases of Colles' fracture, and has found this to be the most suitable apparatus for retention of the fragments in apposition and has had no case as yet to be followed by deformity or impaired mobility.

403 Collinsville Avenue.

Wax in the Ear

Instead of the slower procedures with oil, glycerin, and soapsuds, use for about five minutes a half-strength peroxide of hydrogen solution, afterward syringing with 50 per cent. Boroglyptol solution.

POWDER STAINS.

After various trials of different agents for the removal of powder stains, I find nothing better than peroxide of hydrogen. The method is as follows: Prick every powder stain with a sharp lance, apply peroxide liberally, remove the same and reapply in the shape of a compress over night. In two or three days prick those that escape the first sitting and reapply the peroxide. Repeat this for one week in the same routine and all stains will vanish.

To illustrate: July 2, John K., aged eight, got his whole forehead saturated with powder from a firecracker, so that the skin looked like the fine mesh of a sieve. I applied the compress of peroxide over night and left instructions for him to call at my office next day, where I pricked as many of the spots as the lad could stand, and reapplied peroxide. Two days later I pricked the remainder, and by July 10 there was not a trace of powder. The skin is soft and even, and no one could tell that the boy had been burned with powder.

If query 3890 of the August CLINIC will try this he will have good success.

NEW METHOD FOR RESUSCITATING THE "NEW BORN."

I have what I consider a new method for the resuscitation of new-born infants, and probably others, though I have only had the opportunity to try it on infants. Not long ago, I tried all the known methods on a new-born infant that showed no sign of life whatever and had all of them fail though I worked no less than thirty minutes. I laid the infant on his back for a minute and made up my mind that if I could force the diaphragm upward and then the chest-wall downward, I would be imitating the natural breathing motion as nearly as possible. Placing both of my thumbs, well oiled, on the umbilicus, palms well to the side and finger-tips over the chest of infant, but not touching it, I pushed my thumbs upward to ribs making considerable pressure on abdomen and forcing contents against diaphragm. When thumbs almost touched ribs on sternum I pushed and stroked downward on chest wall with finger-tips then repeated first motion. After the fourth "round" breathing began very softly and I continued my efforts only making motions very light Infant was doing well in ten minutes.

QUERY 589:—"Premature Ejaculation." What can I do for a man who has been married fourteen years and has never had satisfactory intercourse with a patient wife on account of premature emission? Says wife has never had an orgasm, and yet they have a little child 2½ years old. Can't account for it. Never more than the head of penis enters and often not that much. Any suggestions will be thankfully received.

H. O. R., Wisconsin.

This man suffers from a deranged condition of the sexual centers, and probably from a hyperesthetic prostatic urethra. Just one thing to do: "Strych. and Phos. Comp. No. 1," two after each meal and cornin four granules every three hours during the day. Euarol should be applied to the deep urethra every third day. The literature accompanying the remedy will give you the technique, Doctor, and all we can add to this is the suggestion that to be successful it is necessary to carry out the instructions to the letter. Tell this man not to be too hurried about the matter, but at the same time not to "dawdle" when he gets ready. Let him make up his mind that the time has come for activity, and as soon as this happens let him go ahead and not spend a half-hour thinking about it and making attempts which will surely prove abortive. Do not let him have any sexual intercourse whatever for the next two weeks. Keep him on the treatment indicated for that length of time, and then see how he gets along. Cut him off another two weeks and see the difference. The next time he tries he will surprise his wife and himself.—

PRECIPITATE EJACULATION—

R Sulph. hyoscyamine . 1 grain.
Sulph. strych . . . 1½ grains.
Camph. monobrom . ½ ounce.
Aloin . . . . . 5 grains.
Quinine sulph . . . . ½ drachm.

M. ft. pil. No. 60. Sig.: One four times a day.

R Peacock's Bromides.....2 ounces.

Sig.: Two teaspoonfuls in cold water at bedtime.—*Ex.*

QUERY 4285:—"Scrofula." Enlarged glands of the neck, heal slowly under ordinary treatment. Would like alkaloidal remedy for these. The case is a young woman.

A. G., Pennsylvania.

For those enlarged glands let us recommend you to use the "Antiscorbutic" tablet, giving two tablets three times daily, and applying ichthyol and lanolin locally—ichthyol one dram, iodine one dram and lanolin two ounces. You can use glycerin (ichthyol oz. 1 to glycerin oz. 4) if you prefer it; in fact, glycerin is often more acceptable to the patient. Apply this every night, cover with gauze and wash off in the morning. Give, also, four xanthoxylin granules before each meal.—ED.

HEMOPTYSIS TREATED WITH AMYL NITRITE INHALATION.

Rouget of Val-de-Grace gave a resume of ten cases of hemoptysis which yielded to the inhalation of amyl nitrite after resisting all other means used. The remedy showed not only its curative but also its preventive power in a case of a patient who knew the prodromic signs of hemoptysis, viz., a nauseating taste in the mouth, and a peculiar uneasy feeling in the chest. In this case the inhalation of amyl nitrite prevented the access of the hemoptysis.

The explanation of this action of the remedy is, the reduction of the tension which it produces by vasodilation peripherally, amounting to a veritable revulsion. Coincident effects are confined by others. *Gazette des Hopitaux*, No. 45, 1905, p. 536. [The treatment rests upon the same basis as our recommendation of glonoin—which we know to be effective.—GLEANER.]

Treatment for pregnant woman who have, in former labors had severe post-partum hemorrhage

MISCELLANE

was to give myself time to hunt out the treatment from the files of the CLINIC and I began the search immediately, and I searched diligently, at all spare moments, but find it I could not, although I knew it was there, so as a last resort I wrote the editors for the desired information and here is what they gave me: Caulophyllin, gr. 1-6; aletrin, gr. 1-6; hydrastinine hydrochloride, gr 1-12. Take one each, three times daily, beginning four to six weeks before expected confinement.

QUERY 4260:—"Vomiting of Pregnancy." Woman in third pregnancy, six weeks advanced, has vomited four weeks, four to eight times daily. Her tongue is red and dry; she is constipated, weak and anemic; pulse 90 and irregular. Have treated by approved methods. Nothing avails. Would you produce abortion as long as pulse is under 120 per minute?

J. E. H., Texas.

It is essential that the woman rest in bed mornings until she has had a cup of hot tea or coffee—and after that she must not move for fifteen minutes. The writer has cured case after case with bismuth and cerium oxalate, gr. 2 of each, and cocaine, gr. 1-16. This is given on waking and half an hour before food. If the cocaine does not act, substitute hyoscyamine, two granules. Between meals, t. i. d., give orexine tannate—the tablet form, "Orexoids," are the thing—which is a Merck preparation. It is excellent. Keep the liver and bowel active, see to the renal elimination (a tablet of Calcalith every three hours every other day will do that work) and morning, noon and night give nuclein six drops. On no account produce abortion till you have tried this faithfully and tell the woman that *she will not vomit* and make her think so, too.—ED.

CALCIUM SALTS IN CHILBLAINS.

Dr. G. A. Stephens (*Brit. Med. Jour.* April 7) is of the opinion that the condition of the blood has a greater effect on the production of chilblains, than is generally believed by the profession.

The drug which seemed to the author the most appropriate was calcium chloride, experiments having proved that the coagulability of the blood was increased by its administration. He gave it in ten to fifteen grain doses with extract of licorice (calcium chloride has a "hot" taste) three times a day and in two to three days the patient began to show remarkable signs of improvement. Broken down chilblains healed up rapidly, and chilblains that were on the point of breaking subsided without breaking. The same treatment was tried in a series of twenty cases among children of the deaf and dumb asylum and with equally favorable results. One toe which was almost bad enough to suggest the necessity of amputation, the ulcer being deep and very offensive, showed a very ready response. A friend of the author's used calcium lactate instead of calcium chloride, with equally encouraging results.

[I may add here, that an ointment of calx chlorinata (chlorinated lime and not chloride of calcium) one dram to the ounce of petrolatum, makes an exceedingly useful application for chilblains.—

CLINICAL EXCERPTS.

VOL. XII. NEW YORK, FEBRUARY, 1906. No. 2.

SPECIAL ARTICLE.

Exile and Drugs in the Treatment of Tuberculosis.*

By A. JACOBI, M.D., New York.

My remarks will not be academic nor learned. They are meant to be practical only, aye, homely. We have undertaken to fight in tuberculosis an ugly reality, a preposterous anachronism, and may succeed in decades to come with the aid of the thousands who admire or wonder at your exhibits, and of the millions beyond.

Well-to-do or rich people, when tuberculous, are comparatively lucky. Leaving their doctor behind, they may feel inclined to follow part of his orders. A well-directed sanitarium, an equable climate, the South, the Riviera, Egypt, even the Adirondacks are open to them for years, and Greenland is promised. But the vast majority of those afflicted with tuberculosis of the lungs are tied down to their farm or farmwork, their factories, their trade, and their poverty. It is that numberless army of anxious, dissatisfied, hungry, cheerless or woebegone faces that crowd into your offices, dispensaries, and scanty sanitariums, and peer into your eyes for help and consolation.

In this audience of practitioners I may be permitted to divulge one of the many occurrences in a doctor's office. Among my patients, many of whom apply a single time only, are a great many that are afflicted with pulmonary tuberculosis. They will come in any stage, incipient, advanced, moribund. All of them have seen one or half a dozen practitioners, or more, and many have been in half a dozen dispensaries, their lack of hope and confidence driving them from one to another. They have been percussed and auscultated, their sputum has been examined and declared positive by the Health Department, or otherwise. Their diagnosis has been made for them. They know they have either "tuberculosis" or "consumption." When they struck a doctor who recognized a human being in the forlorn creatures before him they were told they had tuberculosis. When they addressed a young colleague, an immature colleague, a colleague satisfied with and gratified by the possession of a diploma which is as good as yours—or better, because it is so new and yours is so old—and who likes to

*Read December 1, 1905, at the Museum of Natural History during the National Tuberculosis Exhibition in New York.

Facial Neuralgia —

℞ Pot. Iodid
Soda Salicyl
Phenacetin aa gr ij
Every 3 hours

— Infantile Diarrhoea —

℞ Tab. Sodii Citrate gr ½.
Add one to each 3ij of milk when feeding.
Smaller dosage might be effectual as a preventative, as it is supposed to inhibit the formation of curds.

LEADING ARTICLES

NUCLEIN. THE ULTIMATE BASIC PRINCIPLE OF SERUM THERAPY.

THE ACTIVE PRINCIPLE OF LIFE.—A RESUME OF NUCLEIN THERAPY.*

By Dr. W. C. Abbott.

W. C. Abbott, M. D.

THIS article is a compilation and recapitulation of our personal experience. In it we give what we know to be the truth about nuclein therapy, and it is our hope that all our readers will profit therefrom as we have profited.

From the perplexing mass of literature regarding serums and serum therapy one fact stands out as a beacon light of hope to the practical physician and that fact is the unquestioned therapeutic value of "nuclein," the basic principle in them all. Discovered and placed before the profession without the blare of trumpets it has, with little pushing, held its own; more, it has grown in favor steadily, and, even when crudely used without any particular indications being recognized for its use, it has wrought changes in the patient's condition that could only be attributed to its use. Those who doubted that it had the merit claimed for it, gave it, noted the improvement following in a short while and then, more to prove to themselves that it was not the nuclein that did it than to pursue any investigative course, stopped its use with the inevitable result that the improvement stopped too.

One of the drawbacks that nuclein in its early days had to contend with was the association of the name of an individual with it. The profession is more or less chary of taking up any remedy that bears the name of any one man as the sponsor for its utility: they have been exploited so often and have had so much that was false and useless thrust upon them that they very naturally refused to accept this, the ultra of the new things, till they had some good ground upon which to build their faith.

From its inception, we have been in touch with nuclein therapy and, personally and through a multitude of CLINIC readers, have been able to find out just what there is in it. The more we studied the matter the more enticing it

*In this resume I have been ably seconded by my associate, Dr. Waugh, and by Dr. Clay, our experimental chemist, as well as by other workers on the CLINIC staff, and have drawn liberally, with and without credit, on reports to the CLINIC from active workers in the field. I sincerely hope it will be of value, and that from it and the discussion and further reports that may follow such basal, practical facts will be deduced by our readers as will enable them to get the good out of "NUCLEIN."

that the body offers to the invading forces. Therefore early defervescence is very essential. If we reduce the fever by some one of the coal-tar derivatives, as is so often done, we interfere with elimination, seriously impair the oxygenation of the blood and thus reduce vitality at the very time when it is most needed.

The better treatment is to administer one of the arterial sedatives, aconitine, gelseminine or veratrine, in small, frequently-repeated doses, support the heart with digitalin or strychnine and, at the same time, aid elimination of the *materies morbi* by giving small doses of calomel and podophyllin gr. 1-6 every half-hour for two to three hours and then flush out the entire digestive tract with Saline Laxative. Now, to enable the blood to successfully cope with the invading germ or its toxins, nuclein is necessary and to get the best results in the quickest possible time it should first be given hypodermically and later as the disorder lessens, *per os. If there be one symptom met by the doctor which, more than another, calls for prompt suppression, it is fever.*

Scarce a disease but manifests its arrival by fever. It is natural that it should be so and when one fully realizes that in fever we have Nature's red danger flag, indicating as plainly as possible that she is attacked and is making resistance, and needs help, then there is an instant perception of the necessity of helping the garrison and in the defervescents the doctor has just the proper reinforcements. Given in moderate dose nuclein promotes oxidization, favors the elimination of waste and all deleterious products and, finally, and most important of all, stimulates the phagocytes and enables these soldiers of the system to surround and destroy the invader. As these facts are more widely appreciated there will be a revolution in treating acute infectious diseases of all kinds and the doctor will not paralyze the forces of the body as he does now when he gives one of these "coal-tars," but will help rationally, as an ally should to destroy and throw out any noxious bacteria and at the same time *will support and nourish the forces which do the fighting.*

Divested of all scientific verbosities and reduced to this proposition the treatment of fever becomes ideally simple.

Influenza (La Grippe) is again but an evidence of cell disturbance and retention of toxins. Clinical experience has demonstrated that the theory that here nuclein should be the remedy is correct. After compelling free elimination see to it that the heart is supported with strychnine, etc. and the body rendered an unfertile and incongenial field for the influenza bacillus by saturating the patient with iodized calcium and finally, with nuclein, aid in the restoration of normal cell function. It should not be forgotten that if nuclein will enable the system to throw off invading germs it will also, if given early enough, act as an immunizing agent and prevent any attacks at all. Thus, it is good practice to give immediately, to other members of a family in which one person is stricken with an acute disease, full doses of nuclein three times daily. The free use of Saline Laxative will also naturally suggest itself.

The pains will rapidly yield to a dose or two of pilocarpine followed by gelsemium and cannabine. Keep the patient in bed and allow nothing but fluid nutriment. If the bronchial symptoms are very pronounced emetin and ammon.

Enteritis: For bilious stools, diarrhea and vomiting, podophyllin gr. 1-67 every two hours or even smaller doses.

Enteritis: For dilated bowels with chronic catarrh give berberine gr. 1-6 three to seven times a day for months.

Treatment of Puerperal and post-abortion infections

Before dealing with the clinical evidence of the efficacy of this dressing, it may be well to describe the technique of the application, with such remarks as occur to me in connection therewith. To begin with, the vulva and vagina must be thoroughly cleansed by soap and water under a current of antiseptic solution. Should there be reason to suspect the presence in the uterine cavity of fragments of placenta, etc., the interior must be thoroughly scraped by the aid of a blunt curette, the debris, blood, etc., being washed away by a copious flow of sterilized water or weak antiseptic solution. We may then proceed to the introduction of the iodized gauze. Even in the absence of placental debris, the cavity must be thoroughly washed out in order that the mucous membrane may not be protected in any way against the action of the dressing.

The cleanliness of the vulva and vagina having been secured and the uterine cavity irrigated until the return flow is clear, a strip of gauze is prepared, varying in size according to the size of the cavity to be dealt with. In cases of abortion a strip three-quarters of an inch wide and about twelve inches long will usually be found sufficient. After labor at term a band two inches wide and twenty inches long may be required. The gauze is steeped in an aqueous solution, containing four per cent each of iodine and iodide of potassium. The excess of solution is squeezed out, and it is then pushed into the cavity by the aid of the sound. It should be loosely packed, for it must be borne in mind that we are applying a dressing to, and not plugging, the uterus. It may be urged that the presence of the gauze will interfere with the due evacuation of the lochia, etc., but this is not the case, for the fluids escape readily enough. Moreover, the iodized dressing arrests in great measure the secretion, and after the first two or three dressings there is no secretion to drain away. The important point is to take care that the gauze reaches the fundus of the uterus, because should any unoccupied space be left between the dressing and the uterine wall we may attenuate, but do not arrest the process.

The aqueous solution of iodine appears preferable to the tincture (the French tincture is much stronger than the B. P. product), not only because it stains the hands of the operator less deeply, and, secondly, because, though it is possessed of equal penetrating powers, its caustic action is less pronounced.

When the strip has been introduced into the uterine cavity the vagina should be washed out to prevent its being burned, and a plug of iodoform gauze inserted to absorb any further oozing of iodine. If there be any false membranes on the vulva, vagina or cervix, they must be energetically scrubbed away.

Twelve hours later the gauze is withdrawn and a fresh strip introduced, the process being repeated until the definitive fall of the temperature marks the termination of the infective process. In mild cases once every twenty-four hours will suffice. The cervix is apt to become very soft after the first applications, but it soon becomes rosy and firm. As a rule, the temperature falls three or four degrees immediately after the first dressing, the pulse rate following suit. In recent cases of infection three or four dressings usually bring about defervescence, but four or five days may be necessary in cases where the infective process has been allowed to develop unchecked. I may mention that eight or ten applications of iodized gauze may be made without any risk of serious damage to the thinned uterine wall. The iodine penetrates without destroying the tissues, but there is of course the possibility of a perforation if the sound be not manipulated with care. I have never observed any symptoms of intoxication from the absorption of iodine. About six drachms of the solution is sufficient to saturate the gauze, equivalent to about fifteen grains of iodine, and we know on good authority that a man can tolerate the injection of thirty grains of iodine into the circulation.

It may be urged that a dressing with oxygenized water would answer the same purpose, an assumption which I am not in a position to affirm or to dispute. Though it may be the practice to wash out the uterus with oxygenized water, it is open to question whether it would be safe to employ it in the form of a dressing such as I have described, in view of the possibility of the formation of emboli. The antiseptic properties of iodine again are greatly superior to those of the oxygenized water. I see, however, no objection to associating the two.

With regard to the effects, even before the fall of the temperature, the rigors cease and the general condition of the patient manifestly improves. The last trace of fetidity disappears with the second dressing, and in the course of ten days the patient may be regarded as cured, some uterine leucorrhea alone remaining.

I recently had an opportunity of inspecting two of the patients treated in the way I have described. They had menstruated regularly without pain, and there was no trace of cervical stenosis. It is idle to speculate on the way in which this dressing acts. I am dealing with a question of fact, and not of deduction. I prefer, therefore to give brief notes of several cases in which the treatment has been applied by me, and these observations will speak for themselves:

Case 1—M. X., married, multipara; had provoked abortion at the fourth month. Admitted a week later with fever and constitutional disturbance she had lost much blood; the cervix was torn and covered with a diphtheritic membrane with a foul odor. I curetted the uterus, removing a piece of decomposing placenta and packed the cavity loosely with iodized gauze. The next morning the temperature had fallen to 102° F., and after the second dressing to 98° F., and there was no further rise.

Case 2—Multiparous married woman; aborted at the third month for the second time within twelve months. She had been feverish for four days, and her temperature on admission was 104° F. A few placental shreds were removed from the uterus and iodized gauze inserted, whereupon the temperature fell to normal.

— Burns — To relieve the pain of burns, apply gauze wet with a saturated solution of picric acid crystals

Treatment of Ulcers

In the local treatment two conditions must not be lost sight of, viz., the local congestion and the infectious character of the discharges. Now what are the indications? Empty the superficial vessels and render the sore aseptic. How?

This, then, is my plan of treatment which now, in hundreds of cases, covering a period of more than twenty-five years, has not, in a single instance, failed to effect a cure. With the extremity elevated, the sore and its immediate locality are flushed for some minutes in a hot bichloride solution (1 to 1000) and then with hydrogen dioxide (1 to 4). This process is repeated and again repeated. Now thoroughly dry the limb with gentle rubbing toward the body, dry the surface of the sore, and dust thickly with aristol. Cover with plain, aseptic gauze and over this a thick pad of absorbent cotton, three or four inches longer, and two inches wider than the sore itself. Have a liberal supply of strips of adhesive plaster—zinc oxide is among the best, because of its non-irritating properties—five-eighths of an inch wide and long enough to three-fourths encircle the limb. Begin now two inches below the distal end of the ulcer and apply the adhesive strips around the limb, quite tightly, letting each successive strip overlap the preceding one by say one-third its width; continue the strips in this manner to two inches above the proximal end of the sore. Now apply a firm roller bandage, two to three inches wide, depending on the size of the limb, from the toes to the knee, if on the leg, and from the knee to the body, if on the thigh; lapping it well and having great care that it lays smoothly.

If there is much discharge, or the patient is obliged to be upon her feet very much, redress in forty-eight hours; otherwise the dressing may remain for three days.

Then soak off the dressing with warm, sterilized water and so avoid damage to the new granulations. If the ulcer is large, and the granulations are weak, feed them. For this purpose I know of nothing better than bovinine. The sore is cleaned and flushed as before described, and several thicknesses of plain, sterilized gauze are applied, completely saturated with the bovinine and over this the cotton, straps and bandage. You will be surprised to see how decolorized the gauze will be on removal, and how soon the pale, weak granulations will begin to take on color and grow. When nicely started it is time to leave off the bovinine. Since using the bovinine I have not found it necessary to employ skin-grafting.

I have in mind now one case of a boy whose leg was caught between two bodies, one fixed, the other moving, and all the soft parts together with the periosteum, over about one-half the entire length of the tibia, were rubbed off, leaving the bone polished like a piece of ivory. In six months the bone was covered and the boy was walking about. It is a mistaken notion that these cases recover wholly or in great part by the pushing out of the skin from the circumference. By the means mentioned I have seen the sores closed from many centers just as you have noticed when skin-grafting has been employed.

If the granulations become too rank I cover them, for once or twice, with pulverized alum, and give especial attention that the straps applied shall be sufficiently snug.

It is but seldom that I have required my patients to stop work. For more than twenty years I have not scraped a sore or incised its margin. I am careful to emphasize the need of a support to the afflicted limb for at least six months after a cure. For general use I regard the elastic stocking as the best, and see to it that one is fitted and applied when the final dressing is removed with strict injunction to put it on before getting out of bed in the morning, nor take it off until in bed at night.

I need hardly add that, before the days of bichloride tablets, aristol, peroxide of hydrogen and bovinine, we employed, as best we could, means looking to the same ends, always having in mind the two cardinal points, surgical cleanliness and support. Attention to details as suggested by this hasty paper will, I am convinced, be rewarded by complete cure and insure the lifelong gratitude of your patient.

Lockport, New York.

Query 4254:—"Albuminuria." Case has come on stealthily having been first discovered two months ago without any attracting symptoms or special trouble since. Patient is a male, aged 61; now on comparative rest and light diet. Is there anything like a specific?

E. H. W., Pennsylvania.

Gold chloride and arsenic chloride (or the bromides of these metals) are the nearest thing to "specific" in albuminuria. The first thing is of course to eliminate and nothing serves the purpose so well as elaterium. Give two granules every two hours till free catharsis is obtained. It is well to give an aromatic (menthol, menth. pip. or cloves) with this drug. Follow with a saline laxative, one dram in hot water. Then begin the gold and arsenic one or two granules each and three times a day give arbutin, gr. 1, and glonoin one granule. Diet him carefully. If the skin is very dry and inactive and elimination is extremely poor you might give pilocarpine to effect once or twice, guarding it with a granule of strychnine arsenate, gr. 1-67.—Ed.

Query 4255:—"Persistent Uterine Hemorrhage" in lady of 39—6-para. Four years ago began to have hemorrhages and sometimes would almost bleed to death. Uterus is enlarged and indurated and very tender and between spells of bleeding it stays enlarged; some symptoms of dropsy; severe pain in head. She is very weak. Kindly suggest treatment.

J. R. P., Mississippi.

This case is one calling for a general systemic cleansing and a tonic treatment together with the local application of ichthyol, hydrastis, iodine and glycerin. Apply ichthyol, one part, glycerite of hydrastis, two parts, iodine, one-half part, and glycerin, twelve parts, to the external os upon a wool tampon. Internally, three times a day, give hydrastin, one granule; aletrin, three granules; caulophyllin, two granules, and macrotin, two granules; every third night, calomel, gr. 1-6; juglandin, gr. 1-6; euonymin, gr. 1-6, half-hourly for three doses, following the next morning with a heaping teaspoonful of a saline laxative in a glass of water. In any hemorrhage which might occur, check promptly by hypodermic injections of atropine. You might also give two drops of oil erigeron on a little piece of bread or sugar, every thirty minutes. The first two doses may be fifteen minutes apart only.—Ed.

PROLONGED LOCHIA.

Whenever the vaginal discharge continues into the third week after delivery, either there is retained debris with subinvolution or an unhealed laceration of the cervix. It is perhaps not best to make a perfect examination at this stage since intrauterine manipulation might result in serious pelvic infection. Rather it is better to use boric acid or carbolic injections followed by antiseptic suppositories and internally five grains of quinine thrice daily—a drug which contracts the uterine fibers and this promotes involution. If bloody discharge continues into the fourth week the uterus must be carefully scraped out and perhaps touched with iodine and carbolic. Internally ergotin, quinine and strychnine are now indicated and in two weeks more the uterus will generally be found of normal size unless serious infection has occurred at time of labor.

LACERATED CERVIX.

Much ill that was formerly believed of lacerated cervix is now known to be due to gonorrheal or staphyloccocal infection; but even so the laceration should be repaired as early as the woman will consent after the puerperium because it undoubtedly has much to do with continuance of subinvolution and especially because it unquestionably has much to do with cancer in later life. *Restitutio ad integrum* should therefore be the rule for cervix as well as perineum, though repair of the torn cervix is not advisable immediately after confinement as is that of the perineum.

ANSWER TO QUERY 4961—On page 409, J. E. H., Texas, asks for best treatment for granulated eyelids. In answer to his query it seems to me you left out the most important point. You will find in such cases to give five-grain doses of potassium iodide three times a day, and a very mild treatment to the lids will work wonders in a short length of time. I am very much opposed to using anything but mild treatment to the mucous membrane. It generally leaves a weakness that is never overcome by any treatment. I have treated many such cases with the most satisfactory results by the above treatment.

THE WOMB AND NERVOUS SYMPTOMS.

Fortunately doctors do not now so often give "local treatments" to the womb for the relief of nervous symptoms as they did a few years ago—they are learning that mere erosions and displacements do not count for much unless accompanied by infection (inflammation); and that insanity, epilepsy, etc., do not depend upon the local trouble, though they may be aggravated by infective conditions and rarely caused by them. Yet it cannot be denied that improvement follows, for example, repair of a lacerated cervix (and curetment for the accompanying subinvolution) even when the infection is not severe—by some process we cannot exactly explain; but it is very easy to understand how removal of a badly-infected uterus and tubes may cure a toxic insanity, epilepsy, hysteria, neurasthenia; the source of toxemia is eliminated and Nature given a chance to cure. Such cases are, however, not very common; so the medical attendant should be very sure of the existence of grave uterine or tubal disease before advising the "cleaning out" of the pelvic organs for relief of nervous symptoms.

QUERY 5071.—"Drugs Facilitating Parturition." Is there any drug you know of that will have any influence, given two or three months before the expected time of confinement, that will help to produce an easy labor?

G. A. B., Nebraska.

As to the production of "easy labor" we have time and time again advanced the argument that few women need suffer as they do if castor oil is used daily for the last month—in *small* doses at night. Aletrin and viburnin (one granule each) may well be given three times daily for the last two months and one to two teaspoonfuls of ol. ricini exhibited with warm milk at night. We have delivered women who had "difficult labors" under this treatment in less than an hour (one "delivered herself" in the toilet) and have yet to experience a failure where there was no deformity of the birth canal. Warm sponge baths to perineum and after-parts are useful and massage of perineum with olive oil is beneficial also during the last month. However, the main thing is castor oil—with aletrin and viburnin. Caulophyllin in hot water (two granules every fifteen minutes) if rigid os is present.—ED.

ARGYROL IN GYNECOLOGICAL WORK.

I have promised to contribute my mite for the CLINIC many times, so here I am at last. I shall say no more of alkalometry than to state that I use next to nothing else in my practice. This has gradually come about during the past six years, slowly but steadily, by my increasing faith as I used the alkaloids more and more. I will give a short account of my experience in the use of argyrol during the past year. I commenced using it in gonorrhea and have been eminently successful with it. I have treated about sixty cases and only two have lasted more than sixty days and most all have been well in from two to five weeks. No strictures, no chordee and very little pain. I use first a 5 per cent solution, 2 drams injected with a soft-nosed H. R. syringe and held in the urethra for 8 to 10 minutes every four hours, gradually increasing the strength to 15 or 20 per cent in the later stages. I supplement this with pill antiblennorrhagic No. 416 A. A. Co. I am also using argyrol solution 10 per cent in my cases of endometritis, whether gonorrheal or not, with splendid success. I inject from 1 to 2 drams with an intrauterine syringe directly into the uterine cavity and tampon the vagina tightly against the cervix and leave it from 12 to 16 hours when the tampon is removed and a hot douche is given. This is repeated daily in acute cases and 2 to 3 times a week in chronic cases. In some cases I use as high as 25 per cent solution. I am becoming somewhat famous from my cures of cases of "the whites" and "inflammation of the womb," etc.

NASAL CATARRH.

L. Marget recommends against this trouble of the nose the inhalation of the vapors of hydrogen peroxide, which must be brought to the boiling point. It is not spraying merely. It is to be done from one to four times for five minutes, each time, and next day the catarrh will have disappeared. When the nasal cavities are totally occluded they should be treated preliminarily with solution of adrenalin 1-1000, which makes free passage for the vapor. Chronic catarrh requires more time.—(*Presse Medical*, 1905, p. 803, in *Centralhalle*, 1906, p. 93.)

CURE OF AN OLD TRAUMATIC STRICTURE OF THE ESOPHAGUS BY THIOSINAMIN.

The following case is so unique, and borders so much on the marvelous, that were it not reported by the physician-in-chief of a large hospital, and had not the patient been seen by a dozen prominent surgeons and internists, skepticism would be justifiable.

The case is reported by Dr. H. Pollock, physician-in-chief of the city hospital of Stettin (*Therapie d. Gegenwart*, March, 1906). The patient was a man of thirty, a painter by trade. In 1897 he severely burned his pharynx and esophagus with a solution of caustic soda. A stricture developed which gradually got worse and worse, in spite of careful and persistent treatment with sounds. At first very thin bougies and liquids could pass the stricture, but the latter became absolutely impermeable both to the thinnest sounds and to liquids, and not only did the lumen of the stricture become diminished, but a larger and larger portion of the esophagus became involved in the process, so that the beginning of the stricture, which was at first situated thirty-two centimeters beyond the teeth, was at last removed only eighteen centimeters.

Increasing inanition and the complications following, even the most careful attempts at dilation, such as severe cough, neuralgic pains, pneumonia (he had four attacks), mediastinitis, empyema, pericarditis, which brought the patient several times to the edge of the grave, necessitated the performing of a gastric fistula. After this operation the patient improved a little, but another pneumonia, the constant torturing cough and neuralgic pains, emaciated the patient more and more and he became a pitiable object, and no wonder too. He began to pray to be delivered of his suffering by death and was thinking of suicide.

It is well to emphasize that for a long time not a swallow of liquid passed the patient's esophagus; for two years not the smallest sound and for eight years not a morsel of food. Any promise of a cure at that time, and by internal means and within a few weeks, would have been considered as belonging to the domain of fairy tales. But that is exactly what happened and the change occurred not in months but in days.

On the fourteenth of July, 1905, the patient received the first thiosinamin injection (in the arm), after an attempt at passing the thinnest sound, even by the aid of the esophagoscope, failed completely. On the nineteenth of July, after the third injection, the author passed with ease a thin sound through the entire esophagus, down to the stomach. The patient was able to swallow fluids. At the end of July a sound of the thickness of the little finger could pass; the patient could enjoy mushy foods. At the end of August the thickest sounds could pass and the patient could eat all solid foods without difficulty, like any other man.

To conclude briefly, the patient became "another man," gained thirty-four pounds in three months, all his troubles, particularly the nasty cough and the neuralgic pains, disappeared as if by magic. He received in all twenty-four injections and was discharged, as so far completely cured. Further comment is unnecessary.

The solution which the author used consisted of

Thiosinamin .....2.0 (30 grs.)
Glycerin .....8.0 (2 drams)
Distilled water....10. 0 (2 1-2 drams)

Of this solution eight minims was injected each time

We shall permit ourselves a little comment. This case is not only interesting as demonstrating unequivocally the value of thiosinamin in certain strictures, but is still more important as demonstrating the power and value of drugs; as demonstrating what may be accomplished in "surgical" conditions by internal treatment alone. This case reported, not from a backwoods town, but from the fountain head of all medical knowledge, Germany, is earnestly recommended to the consideration of our therapeutic nihilists. No possibility of mistakes, no "suggestion" here! Just another unequivocal evidence of what medicine, rightly used, can do.

Trachoma

Sanna 8ij
Petrolatum ℥j
M. Sig.
Apply as ointment

For Baldness

Camphor Menthol gr v
Ol. Pini Sylvest. gtt x
Liq. Petrolatum ℥ij ss
Mix in atomizer
3 times daily

[Excerpts from an article printed in the MONTHLY CYCLOPÆDIA AND MEDICAL BULLETIN, June, 1911]

On the Uses of Nickel Sulphate in Medicine*

Sufficient proof has made it evident that nickel salts are useful in practical medicine. * * * Until this time, however, the nickel salts, commended by different writers after successful use, have remained in obscurity. * * *

All experimenters agree that acute or chronic poisoning does not result from the use of nickel implements, instruments and vessels used in the arts or in domestic cooking. F. Geerkens,[1] Laborde and Riche,[2] Rohde[3] and van Haniel Roos[4] have declared this opinion, which, further, is in full accord with the non-poisonous action of nickel when fed to animals in a natural way. Large daily doses greatly improve nutrition in the dog, acting, as stated by Simpson, as a gentle metallic tonic. * * *

In practical medicine, the following are the putative uses made of nickel in the last century: J. Y. Simpson[5] first administered nickel in practice. He held the sulphate to be a gentle metallic tonic. The dose was one-half to one grain after meals. Its action was like that of manganese or iron. He found it useful in periodic headache, chlorosis and amenorrhea.

J. Dabney Palmer,[6] because of Simpson's successful case of obstinate periodic headache, gave nickel sulphate to a lady suffering with severe facial neuralgia. It acted as a sedative like potassium bromide, reducing the pulse and producing sleep, and gave more permanent relief than anything else. A considerable number of drugs had been tried before. The patient said it soothed more quickly than morphine.

J. M. Da Costa[7] states that the best nickel salts are the sulphate and bromide. The sulphate may be given in doses of one to three grains. Five grains in some cause nausea and giddiness. The larger doses reduce the pulse and lower temperature. * * * Excellent results were produced in obstinate diarrhea. Both the chloride and the sulphate have a calming influence on the nervous system. * * *

In the following results of treatment of a variety of diseases the sulphate was the salt of nickel chosen as being more suitable to determine any primary therapeutic actions inherent in this metal than other com-

---

* Read at the Twelfth Annual Meeting of the American Therapeutic Society, held in Boston, Mass., May 11, 12 and 13, 1911.

[1] "Experiment. Untersuch. über die Wirkungen von Nickelsalzen," Inaug. Dissert., Bonn, 1883. [2] Tribune Médicale, xx, 1888. [3] Arch. f. Hyg., ix, 1889, p 331.

[4] Internat. Cong. f. Hygien. und Demograph., vi, 1887-88.

[5] Contrib. Obstet. Path., Edin., 1853, p. 37.

[6] Richmond and Louisville Medical Journal, vol. v-vi, 1868, p. 270.

[7] Medical News, Philadelphia, xliii, p. 337, 1883.

pounds of it, such as the iodide, bromide or chloride. Good results were obtained, confirming in some instances the statements of former practitioners, in others modifying or amplifying them. In still others new remedial virtues were discovered.

The dose of nickel sulphate is **one grain,** after meals or food, three or four times a day. One-half grain will often achieve good therapeutic action, but the larger dose is surer and as well borne. Two to five grains or more are so prone to cause severe nausea and vomiting that these quantities must be considered too large for practical use. The forms of administration are pill, tablet and solution. * * *

In chronic urticaria due to heart weakness and the exhaustion of daily labor or exertion, it gives relief from the breaking out of the eruption prone to occur nightly, with its torment of itching. It abates the same sense of irritation and the burning in erythema exudativum multiforme, thereby inducing rest and sleep. In chronic psoriasis it acts well, in place of arsenic, to hold in check the tendency to recurrence and the spread of the existing disease.

In chorea a cure can be accomplished in three or four weeks. The patient's nutrition is much improved, and the figure becomes more robust. Nickel seems to be fully the equal of arsenic in efficiency, and has none of the disturbances of mild arsenicalism, such as edema, headache, nausea or vomiting. It has also been found to act well in this disease in cases where arsenic had first been used to the border line of tolerance and its discontinuance become a necessity. The nickel salt in such instances seems to cure even more speedily.

Nickel will also be found a new and useful remedy in motor disturbance with spasm and incoordination much unlike the last, and one in which the use of medicinal remedies is almost an untried power. In stammering in children and adults the speech is very much improved after the sulphate has been taken for two or three months. The nutrition and vigor of the subject is markedly improved, and his manner loses its timidity and becomes confident. As in chorea, arsenic is also useful in this defect of speech, but nickel will be found preferable.

In chronic neuralgia of the face, tic douloureux, it has been successfully given, confirming the observations of J. Dabney Palmer. Among them was one of a middle-aged woman with right inferior dental neuralgia in whom nerve resection had been done eight years before, with relief for a year or more. The patient had been previously treated with potassium iodide, and then with pyroligneous acid, both drugs being successful for some months and then failing absolutely to relieve her. One grain of nickel sulphate four times a day gave much ease for some time. In another case of inferior dental neuralgia in an old lady, who had suffered for about twelve years, alcohol injections, repeated several times, stopped the pain for some months. The neuralgia then returned with increased violence, and, in despair of relief, she refused to submit to another injection. The patient had a fairly developed arthritis deformans in the knee and shoulder joints. Pyroligneous acid speedily removed the stiffness and pain of the articulations, and also abolished the daily

paroxysms of tic douloureux. The remedy was then discontinued, and the neuralgia remained absent for four months. Afterward, as the pyroligneous acid was an unpalatable draught to her, nickel sulphate was substituted, and its effect in abolishing the pain was prompt.

In migraine of whatever form, nickel is one of the best and most efficient means of treatment. In middle-aged females of consumptive ancestry who have had this variety of headache for twenty years and more—a class that affords the most frequent and severe examples of hemicrania—this remedy has been found to cure. Migraine is probably a gastric or intestinal toxemia from food which is beyond the patient's digestive power. The nickel salt prevents this outburst of poisoning by its direct antiseptic and antitoxic action. The experience had with it in the preventive treatment of this disease confirms that of Simpson in a case of periodic headache narrated by him.

In chronic enteritis the sulphate was found to be a good remedy, but, as with others, subservient to diet. It has also been found to prevent relapse in consequence of a promiscuous diet in tuberculous and other chronic diarrheas after cure. All this is confirmatory of the results reported by Da Costa in a case of obstinate diarrhea. * * *

Nickel acts as a sedative and tonic of peculiar and elective power in controlling the damaging effect of sexual vice on the nervous system in masturbation and onanism. * * *

In the treatment of masturbation, * * * for the faulty nutrition and emaciation a milk diet is so essential that failure to help the case results from its non-employment. The sulphate of nickel has the effect of reanimating and invigorating the victim, restores sleep, diminishes the rapid action of the heart, and seems to make the subject realize the very injurious effects of his secret vice. * * *

* * * In the too frequent venereal dreams and seminal emissions during sleep, mostly found among young men either in vigorous health or physically debilitated, * * * the nickel salt here, as in the former conditions, gives relief. It reduces the spontaneous pollutions to one or two monthly, and acts better than do bromides, camphor, sodium borate or other remedies heretofore commended.

These observations do not limit or conclude the useful medicinal applications of nickel. The interesting and beneficial virtues described are only a part of those belonging to this metal. It is probable that among infectious diseases of acute or chronic form one or more may be found that will yield to its antiseptic or antiparasitic powers, so that its systemic administration may overcome some affection which, so far, has baffled the physician's efforts to conquer.

BY LOUIS KOLIPINSKI, M.D.,
WASHINGTON, D. C.

Tablets of Nickel Sulphate, 1 grain, supplied in bottles at 30 cents per 100, $1.28 per 500, $2.50 per 1000

Tablets Chromium Sulphate
4 Grains

Since offering the above to the medical profession some of the therapeutic properties have been confirmed by practitioners, and we quote from doctors' letters recently received.

"Am very much pleased with effect of Chromium Sulphate Tablets in exophthalmic goiter."

"Have obtained marked improvements in neuritis of the lower limbs, from the effect of typhoid fever ten years ago."

"Have found best results in the adenomatous variety hypertrophy of the prostate."

"I am using Tablets Chromium Sulphate, 4 grs., on a very severe case of exophthalmic goiter. Have had the patient on them only ten days. It seems incredible that they could benefit in so short a time. The tremor and churning of the heart has lessened very much."

JOHN WYETH & BROTHER
INCORPORATED
PHILADELPHIA

WHAT

Dr. Pierce's Favorite Prescription

IS MADE OF. ITS INGREDIENTS ARE:

GOLDEN SEAL ROOT (Hydrastis Canadensis),
LADY'S SLIPPER ROOT (Cypripedium Pubescens)
BLACK COHOSH ROOT (Cimicifuga Racemosa),
UNICORN ROOT (Helonias Dioica),
BLUE COHOSH ROOT (Caulophyllum Thalictroides),
CHEMICALLY PURE GLYCERINE,
PURE WATER,
BENZOATE OF SODA (about one-fifth grain only to the teaspoonful of "Prescription"),
BICARBONATE OF POTASH (about one-fourth grain to the teaspoonful).

We give the English names by which the above several vegetable ingredients are most commonly known, but since the names by which they are known vary in different sections of this country, where they grow, we also add the botanical name of each, in parenthesis.

A Solution of 2 grains of the
Extract of Nightshade in an ounce
of any distilled water,
Dose. 1 to 10 yrs. 1 to 5 drops 4 times a day
10 yrs & upwards. 6 to 10 drops 4 times
in the 24 hours.
Not necessary to take more than
2 or 3 weeks.

WOUND.

In the case of a wound involving a finger joint it is usually best not to sew up the incision, but to put on antiseptic wet dressing and keep the whole hand in a splint. (Massachusetts Medical Journal.)

HARRINGTON'S SOLUTION

One of the best antiseptic agents, if not the best, is Harrington's solution. It has this composition:

Hydrochloric acid	60 parts
Alcohol (94 per cent)	640 parts
Water	300 parts
Bichloride of mercury	0.1 part

Experiments show that this solution will sterilize carbuncle-pus in less than thirty seconds, while it requires tricresol five and one-half minutes, and carbolic acid four minutes to produce the same results. It is especially useful for hand disinfection and for use in preparing the skin for incision. On account of the sublimate it contains it should be preceded by ether and followed by a little plain water.

REMOVAL OF WARTS

For the removal of warts as well as corns salicylic acid is extremely efficacious. It is best used in the following form:

Salicylic acid	5
Extract of cannabis indica	1
Collodion	60

This is to be painted on the wart or corn at bedtime, with a camelshair brush. In four or five days the growth may be readily peeled off with a knife, leaving a tender but entirely healthy skin at its site.

FOR SWEATING FEET

The following formula is an excellent one for sweating of the feet:

Potassium permanganate	13 parts
Alum	1 part
Talc	50 parts
Zinc oxide	18 parts
Calcium hydrate	18 parts

Another formula highly recommended is:

Salicylic acid	2 parts
Zinc stearate	1 part
Talc	40 parts
Compound tincture of vanilla	q. s.

The last-named ingredient is simply to cover the odor.

NEWS AND THERAPEUTIC HINTS.

Aperient for Pregnant Women.

Lutaud, in Nouveaux Remèdes, recommends the following combination to relieve the constipation of pregnant women:—

℞ Ol. ricini, ℥j.
Syr. rhei, ℥v.
Spir. frumenti, ℥ss.
Ess. menth. pip., *mij.*

M. Sig.: To be taken at one dose. (Journal of the American Medical Association.)

Chilblains.

℞ Ichthyol.,
Bals. peruv., of each, 10.0.
Lanolin., 20.0.

M. Sig.: Apply locally.

Or:—

℞ Ol. camphor., 5.0.
Menthol., 0.1.
Glyc. tann., 10 per cent., 10.0.
Lanolin., 20.0.

(Correspondenzblatt für Schweizer Aerzte.)

FOR HEMORRHAGE

Mr. C. C. Matthews, of Cisco, Texas, in a recent issue of The Medical Era, says: I have had good success with the following in excessive nose-bleeding:—

℞ Powd. alum, ℥j.
Potass. permangan., gr. iij.
Acid carbolic, gtt. xx.
Aq., q. s. ℥iv.

M. Sig.: Shake and inject up the nose every few seconds with any ordinary syringe till hæmorrhage is checked. This prescription cannot be excelled, and I do not believe it can be improved upon as a good, reliable remedy for uterine hæmorrhage and in cancer. (The Medical Summary.)

The Kresolo + nitric mixture seems to be incompatible,

APEUTIC HINTS.

A final bath is then to be taken, lasting from fifteen to twenty minutes. The clothing and body linen must be disinfected. During the fortnight succeeding this treatment four baths of starch-water are given. In case there should be cutaneous irritation, local applications of ointment of zinc oxide are used. (New York Medical Journal.)

Ground Itch.

"Ground itch" is a vesicular dermatitis, often ulcerating, and probably due to the irritation produced by the penetration of larvæ of *Uncinaria americana*, together with local infection from organisms in the fæces from which the larvæ come.

For such conditions, R. N. Green recommends that the parts be immersed in a 3-per-cent. phenol solution, dried, and the following ointment applied:—

℞ Acidi salicylatis, ℥ij.
Pulv. amyli (corn), ℥ss.
Olei cajuputi, ℥ij.
Ung. zinci oxidi, ℥j.
Ung. petrolati, q. s. ad ℥iv.

M. Ft. unguentum.

Sig.: Apply twice daily and avoid rubbing. (Journal of the American Medical Association.)

Rapid Cure of Scabies.

The cure of itch in an hour and a half is said to be attainable by the method practiced by Saboureaud (Bulletin général de thérapeutique, November 30, 1906). The patient is first rubbed for half an hour with black soap (green or soft soap); he then takes an alkaline bath for half an hour. After coming out of the bath the entire surface of his body is to be well rubbed with:—

℞ Oil of verbena,
Gum tragacanth, of each, 1 part.
Precipitated sulphur, 100 parts.
Glycerine, 200 parts.

To be well mixed.

SEND FOR OUR

Portrait Catalogue

OF

Standard Publications

F. A. DAVIS COMPANY, PHILADELPHIA, PA.

HOW TO GIVE CHLOROFORM

The methods which have proven safest in many thousand anesthesias; apparatus to be used; the technic of administration; accidents, how to avoid and how to treat them

By EMORY LANPHEAR, M.D., Ph.D., LL.D., St. Louis, Mo.
Chief Surgeon of the Woman's Hospital

SO few doctors, even recent graduates who have served as internes in the great hospitals, know how to give chloroform properly (i. e. safely) that the following should be read at least *twice* by every doctor; and once again by him who thinks *he* knows how! It is the method which has proven safest as demonstrated in many thousands of anesthesias; violation of the rules is what leads to the occasional death of a patient.

There are four chief things to be constantly borne in mind by the anesthetist:

1. To watch the patient, not the operator.

2. To keep an eagle eye upon the respiration; the pulse is of only secondary importance.

3. To begin administration quietly and slowly; more than ninety per cent of all deaths occur during the first few inhalations of the vapor.

4. To carry the patient quickly to profound anesthesia, and then keep him unconscious with the slightest possible amount of chloroform.

Apparatus to be Used

The only safe way to give chloroform is by means of a dropper and an Esmarch inhaler, or some modification of them.

a. The Bottle.—Any bottle will do which has a mouth small enough to fit the cork; but it should never be more than half full at time of using. The 100-gram bottle in which chloroform now is sold is the best.

b. The Dropper.—With the regular Esmarch apparatus there comes a cork with metal dropper.

There are two objections to this dropper: (1) It allows chloroform to escape too freely, particularly at a moment when but little is wanted, and (2) often it is not at hand when wanted.

A far more satisfactory dropper can be manufactured at the bedside in two minutes with a sharp knife, a cork and a little bit of cotton. A cork which fits the neck of the bottle to be used is grooved from end

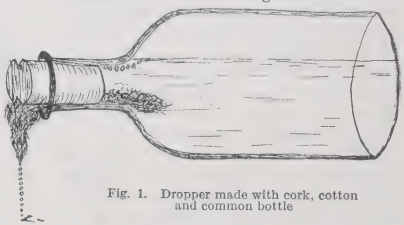

Fig. 1. Dropper made with cork, cotton and common bottle

to end on two sides, the groove being made less than a sixteenth of an inch deep; a little of the cotton is laid in one groove so that it extends beyond each end of the cork; and the cork and cotton are inserted snugly in the bottle half filled with chloroform. When turned from the upright to the horizontal, this dropper will give down chloroform in minute drops, about one-fourth the size of those from the Esmarch.

Fig. 2. Cork cut to make a dropper

c. The Mask.—Two thicknesses of gauze stretched over a wire frame constitute the receiver of the chloroform. It must not be permitted to touch the face until the patient is profoundly asleep; then it

fistula or abscess, and pus mixed with blood is due to ulcer, cancer, tumor or stricture.

5. *Diarrhea.*—A diarrhea due to rectal disease is generally caused by an acute proctitis and is accompaied by great pain, tenesmus, and symptoms of heat—both local and general. If the diarrhea alternates with constipation it may be due to stricture. If there is constipation so that the fecal matter becomes hard and dry it may so irritate the bowel wall that an explosive diarrhea is the result. After this subsides, the conditions which produced it gradually return and it occurs again.

6. *Constitutional Symptoms.*—Many rectal diseases have a striking effect upon the general health, and the constitutional symptoms are as striking as the local ones. Among these are the cancerous cachexia, nervousness, anemia and loss of weight. Any one or all of these may be present.

7. *Cachexia.*—This will at once suggest cancer, and, if combined with loss of weight extending over a period of several months, is quite a sure indication of this disease. It is very easy, however, to mistake the anemia caused by loss of blood for the cachexia due to cancer. When the loss of blood has been considerable, especially in old people, there is often an ashy-gray appearance of the face that may easily deceive one who is not very careful in his diagnosis.

8. *Nervousness.*—Rectal diseases in general are subject to many reflex nervous symptoms. It is not uncommon to see patients who are nervous wrecks because of rectal diseases that might easily be cured. For example, a fissure may, because of the pain caused by a bowel movement, be the means of bringing about a constipated condition of the bowels. In order to overcome this severe straining is required which again tears open the fissure. The patient again dreads a movement of the bowels and puts it off as long as possible only to again aggravate the fissure when it can be postponed no longer. In this way a vicious circle is established that causes the patient to become very nervous. Pruritus may, because of the loss of sleep that accompanies it, cause very great nervous debility.

9. *Condition of the Bowels.*—This should be inquired into very carefully. Find out whether they are constipated or not; if so, to what extent does the patient require cathartic medicine? Whether or not he is in the habit of taking enemas, and whether anything else is passed, as blood, mucus, pus, etc., is an important point to ascertain.

Omaha, Nebraska.

THE NEW ANESTHESIA—REMARKABLE RESULTS.

BY C. E. CASE, M. D.

I HAVE used the hyoscine, morphine and cactin in four cases and will use it in two cases tomorrow: in one of hemorrhoids, and a recto-vaginal fistula case. One patient was operated on one hour and a half for intestinal fistula following operation. There were universal adhesions, and in their separation many peritoneal tears occurred which it was necessary to repair by Lembert sutures. This operation was done at the St. Joseph's Hospital, and the sisters, nurses and my assistants, Dr. Wm. Douglass, as well as Dr. Bond the interne, all expressed surprise at the complete analgesia produced. Dr. Bond remarked, upon seeing the ease with which anesthesia was produced, "I see Dr. Case, that you will not need me often to give your anesthetics for you now."

Bi[illegible] vigorously condemns all methods of [illegible] post partum hemorrhage excepting aortic compression and posture.—*Practitioner*

Holmes' doctors, so lauded as the ideal by Treves, never could pass one of our medical examining boards within a mile.

tracted by a salivated person. As mercury is absorbed by the lymphatics it acts better when given by inunction than by the mouth, and especially when used in a region rich in lymphatics, such as the groin or axilla. Boulengier now uses mercury by inunction from the beginning of secondary symptoms for six to eight months, or until the cessation of symptoms, and then considers the patient permanently cured. He gives potassium iodide for arterial and fibrous changes occurring later in the disease.

TREATMENT OF GONORRHEA IN THE FEMALE WITH METHYLENE BLUE.

Methylene blue has been very little used in gynecology. Dr. F. W. Bukoemski (*Russki Vratch*, Vol. 5, No. 34.), employs it extensively in the treatment of gonorrhea in the female. He uses a saturated aqueous solution (4 per cent). The treatment can be begun in any stage of the disease. At first, the pus covering the external organs is washed off with a weak solution of formaldehyde (1:1000· to 2000); thereupon the methylene blue is applied on a cotton carrier to the urethra, cervix, the cervical canal and finally the vagina.

The application is repeated daily, or three times a week and is abundant enough to give the parts a dark blue color. There is no local reaction of any kind. In the majority of cases the remedy acts as an analgesic. The burning sensation of the parts has disappeared after one or two applications and the final results obtained were also encouraging. In other cases the microscope revealed gonococci in the secretions before treatment was commenced, whereas, after several applications the gonococci were gone. The solution of methylene blue penetrates deeply into the mucous membrane and kills the gonococci without irritating the tissues.

Austria proposes to affix stamps to prescriptions, the funds to be used to pension aged doctors and their needy families.

It must, therefore, be looked upon as an actual specific remedy in this affection. The author has also made a number of bacteriologic experiments which substantiate the claims he makes in regard to the germicidal virtues of methylene blue.

PAINFUL GLANDULAR SWELLING IN SYPHILIS.

The glandular swellings of syphilis are as a rule painless. Indeed, this absence of pain is considered characteristic. Sometimes, however, the swollen glands are quite painful. This may be due to a secondary infection leading to inflammation. Dr. Hans Vorner (*Muen. Med. Wochen.*, Vol. 53, No. 33.), reports an interesting case of painful swollen glands above the right clavicle in a syphilitic patient, who complained, besides of weakness in the right hand, evidently due to pressure of the tumor on the nerves. Under specific treatment the tumor soon disappeared and the patient was relieved of his complaint.

According to some authors, alcoholism and tuberculosis favor secondary inflammation of syphilitic glands. A syphilitic mastitis is also known and is usually painless, which serves to distinguish it from the inflammatory form. However, cases have been described in which this specific mastitis was exquisitely painful and yielded rapidly to specific treatment.

A CASE OF OPHTHALMIC HERPES ZOSTER IN A CHILD.

This case is reported by Dr. J. M. Rackmaninoff. The patient was a little girl four and a half years old. A week before the appearance of the symptoms she was struck with a thin cane on the right side of the head. The same night she complained

Australian courts decide that a dentist has no right to assume the title of Doctor when holding the degree of B. D. S.

Do Your Diabetic Patients Thrive?

If not, the following remarks require your consideration

WHILST every authority agrees that the treatment of Diabetes must be almost entirely dietetic, it is an indisputable fact that diet restrictions are both ordered and carried out in a very unsatisfactory manner. This accounts for much, when diabetic patients are observed to be steadily losing ground.

¶ It is possible to obtain good results only when the diet problem receives the care which its importance deserves. The sudden cutting off of the staple articles of diet usually leaves the patient in a quandary, and he either starves or breaks through his restrictions, and thus vitiates the calculations of his physician. Without accurate diet, it is impossible to ascertain the toleration point, and when the patient is on strict diet for the first week much knowledge can be gained of his condition. If, however, during that week he unwittingly takes carbohydrates, or deceives the physician, the subsequent treatment is based on inaccurate data.

¶ Many appetising dishes can be made for the patient, if he knows how it can be done, and the temptation to disregard restrictions is thus reduced to near vanishing point. The conscientious patient will sometimes starve owing to fear of transgression, and in such a case it is not surprising that the patient's condition becomes worse.

¶ The busy physician has not time to test the claims of the many foods put forward by more or less honest manufacturers, and he cannot give cookery directions to the patient's cook. Here then is the opportunity for the physician to tell his patient to obtain the **"Guide to Diabetic Cookery,"** by Frederick James, M.P.S. (Great Britain), which contains a complete list of restrictions which are necessary for a carbohydrate-free diet, and supplies a suitable explanation of the disease for the layman. The book enlists the intelligent co-operation of the patient, and the full directions and recipes for cookery enable him to obtain appetising dishes without transgression of the restrictions. This relieves the busy physician of much trouble, and helps the patient to a wonderful extent.

¶ A free copy of the book will be sent to qualified physicians only, together with particulars and samples of the **Casoid Diabetic Foods,** which are free from starch and sugar, and therefore reliable (analytical test invited).

General Agents for Canada

W. LLOYD WOOD

Manufacturing
Chemists

TORONTO, ONT.

Ergotin in the Treatment of Chronic Prostatitis.

The condition known as chronic prostatitis has ever been a problem with genito-urinary surgeons, and they have devised many operations as well as mechanical methods of treating it, and this has naturally led to a certain amount of repugnance on the part of patients suffering from this condition. The microscopic anatomy of the prostate shows that it is largely composed of unstriped muscular fibres which are very analogous, if not identical, with those of the uterus. This confirms the old idea that the male prostate is what our predecessors were pleased to call the "male uterus." Therapeutic experiments have gone

a good way to confirm this view of the matter, but it has never been conclusively accepted by the authorities in genito-urinary surgery, who have preferred to look upon it as a glandular structure rather than as a muscular one. The researches have been mainly directed to the former contention rather than to the latter, which, in consequence, suffered some neglect. The writer, being somewhat inclined to embrace the latter doctrine, applied practically its teachings to the treatment of old cases of prostatitis, and, as a diminution in the size of the prostate and a consequent diminution in the amount of prostatic secretion was desired, he administered internally ergotin in three-grain doses as often as four times daily. This was found to exert a positive effect in the way of a diminution in the size of the prostate as well as a stoppage of the secretion of its mucus, all of which acted most favorably upon the *morale* of the patients. This method is one which has acted favorably in a number of cases, but it is not mentioned here as a certain and only cure. It is, however, worth trying, and if others find that they can confirm the findings of the writer it will certainly constitute a real advance in the treatment, not surgical, of old inflammatory troubles of the prostate.—*Am. Jour. Derm.*

PERIOSTITIS.

℞ Potass. iodid., ʒij.
Ammon. iodid., ʒj.
Tr. cinchonæ comp., ʒiij.

M. Sig.: A teaspoonful well diluted with water after eating. (Medical Review of Reviews.)

.ention Monthly Cyclopædia.

White Swelling of the Knee.

The preferred treatment by Benoit (Paris Thésis, 1906, Journal de médecine, November 11, 1906) is by modifying injections (of which the best are camphorated naphthol, guaiacol, or creosote in oil, and iodoform in ether or in oil). In children this is the only treatment to be considered; in adults, surgical measures may be discussed. The formula preferred by the author contains the following ingredients:—

℞ Sterilized oil, 34 gm.
Ether, 34 gm.
Naphthol, 20 gm.
Iodoform, 9 gm.
Creosote, 2 gm.
Guaiacol, 1 gm.

This mixture is introduced into the synovial cavity by means of an aspirator. The limb is immobilized in plaster. On the third day the aspirator is inserted at the point of election, which is at the level of the superior angles of the patella, and it is introduced obliquely towards the head of the tibia. The injections are to be repeated once daily until decided inflammatory reaction occurs, which is usually after the fourth injection. After pus begins to form it requires about ten more injections to finish the treatment. The quantity of pus obtained by the aspirator regulates the time of the injection. Generally speaking, when the pus begins to diminish, an injection is given. After ten or twelve have been administered, the joint can be dried up by two or three injections of iodoform emulsion with ether or oil. (New York Medical Journal.)

Dry Eczema of the Scalp.

In dry eczema of the scalp apply at night a mild (1 or 2 per cent.) tar ointment, or still better, the following combination:—

℞ Ichthyol,
Oil of birch, of each, gr. xv.
Oil of cade,
Zinc oxide, of each, gr. lxxv.
Lanolin,
Petrolatum, of each, ʒiss.

In the morning shampoo the scalp with superfatted soap. (American Journal Clinical Medicine.)

In writing to advertisers mention Monthly Cyclopædia.

Query 5303.—"Gallstones." F. S. T., Texas, wishes to know something of the medicinal treatment of this condition with sodium succinate. I have used sodium succinate for twenty-five years in the treatment of gallstones and have not found a single case where it has failed to cure. The invariable result of its administration is this: The patient takes five grains four times a day for one year; during this time the paroxysms become less frequent and less severe until they cease entirely. Continue the tablets as long as a trace of bile can be found in the urine. It is my conviction that the cure consists in the destruction of the infective germs in the biliary passages and the restoration of a healthy condition, and not at all in the absorption or solution of the stone; in fact, the stone does no harm until the passages become inflamed. If the patients do not understand this, Doctor, they are apt to take the tablets for a week or two, have another spell, and then give them up as failures.

Query 5304.—"Diphtheritic Paralysis." W. V. P., Illinois, asks us to suggest a remedy or remedies for this condition, since he has had several troublesome cases. I would advise the use of brucine, beginning with a granule three times a day and pushing the doses up until he commences to get full effects in the way of twitching. So long as the tonsils are enlarged I would add to the above arsenic iodide, gr. 1-67 four times a day, stopping it whenever the eyes are irritated.

MALIGNANT PUSTULE

As soon as malignant pustule is recognized the affected area should be treated by use of the Paquelin cautery—drawing a deep gutter around the group of vesicles by successively inserting the fine cautery-point deeply into the skin; when the pustule is thus isolated it is opened with a crucial incision. Subsequently it is not necessary to use the cautery. But at a distance of five or ten centimeters from the pustule one should make a second circle by injecting iodine repeatedly under the skin, using the ordinary tincture of iodine. A few drops are to be injected at each place, using altogether a hypodermic syringeful. In severe cases it is necessary to repeat this injection on the following day. If there should be much edema present at the time, free incisions must be made, sufficiently numerous to relieve tension. Compresses of moist sublimate gauze are placed upon the pustule for a dressing. Rarely, when the patient becomes very weak, it is best to give injections of camphorated oil. The results of this mode of treatment are excellent. The edema, which usually is great, either does not appear or quickly subsides; the general condition improves rapidly, and the danger is considerably diminished.

SPARTEINE FOR ANURIA

In *The American Journal of Dermatology* Stuart McGuire contributes a brief but suggestive paper on the use of sparteine for postoperative suppression of urine. To this affection he attributes at least one-half the deaths of surgical patients. It may develop immediately after operation or within forty-eight hours. The treatment in vogue is water by the mouth, rectum and subcutaneously, hot packs and vapor-baths, cups and counterirritants; calomel, strychnine and nitroglycerin; as a last resort, stripping the capsule from the kidney. Under this treatment nearly all the patients died. Two years ago Dr. McGuire substituted for the above treatment the use of sparteine sulphate. He now records six cases in which he is sure that this treatment saved the lives.

Sparteine makes the pulse slower and stronger, raises arterial tension and acts powerfully as a diuretic. The reason the drug is not better known he attributes to the small doses employed, the text-books advising small fractions of a grain and the practician finding difficulty in obtaining tablets larger than one-tenth of a grain. To get results it must be given hypodermically in doses of one to two grains, repeated every three to six hours. He employs it as a prophylactic as well as a cure. In this dosage it will be seen that McGuire verifies the contention made by Pettey, who also strongly advocates sparteine, preferring it to and above all other heart tonics for desperate needs. We believe they are right, and we have again to thank the surgical fraternity for an important contribution to drug therapeutics.

FISSURE OF THE ANUS

Obstinate cases of fissure of the anus which resist all other forms of treatment may be permanently relieved by simply cutting through the external sphincter under local anesthesia. The incision must be directly in the line of the fissure. After division of the muscle the rectum should be tamponed with iodoform gauze for two days; then the wound should be loosely packed once every twenty-four hours for four or five days, after the bowels have moved and the sigmoid and rectum are washed out with tepid water.

CALOMEL AS A REMEDY FOR GONORRHEA.

In recent acute cases of gonorrhea let the patient urinate, wash out the urethra with hot permanganate solution, inject warm, a preparation of castor oil and calomel, and retain for ten minutes. It seems to have aborted five selected cases, as there was no discharge after the second injection.

Of course the calomel does not dissolve in the oil, but is simply carried by it, and the amount of calomel seems to be immaterial, probably "dose enough."

W. S. FOWLER.

Bakersfield, Cal.

—: o: —

This suggestion is worth testing. Members of "the family" who try the method will confer a favor by reporting the results obtained.—ED.

Formulas Dosage and Price Lists of Animal Therapy Products

Manufactured and Distributed by

American Animal Therapy Company

Main Office
84 ADAMS STREET
CHICAGO, ILL., U. S. A.
Telephone Harrison 7223

Laboratories
CHICAGO, ILL.
INDIANAPOLIS, IND.

Medical News

VOL. XLII

For the Advancement of Animal Therapy

Published by

American Animal Therapy Co.

Chicago Office, 84 Adams St., Chicago, Ill.

SUCCESS OF ANIMAL THERAPY

Permanent Results in Nervous and Mental Diseases by Use of Lymph and Lymphoid Compound.

By Albert A. Lowenthal, M. D., Supt. Riverview Hospital, Kankakee, Illinois. Professor of Nervous and Mental Diseases, Jenner Medical College. Professor of Nervous Diseases, Dearborn Medical College. Adjunct Professor on Neurology, Illinois University. Formerly Physician at Illinois Eastern Hospital for the Insane and formerly on Attending and Consulting Staff, Cook County Hospital.

Probably no part of treatment is more interesting than that based upon the application of preparations derived from various organs of animals. At the same time, very considerable odium sanctum has in the past attached itself to Organotherapy, and probably this was entirely due to the sensational claims of over-zealous followers of the early teaching of Brown-Sequard. The great successes following upon the use of thyroid substance in suitable cases and the remarkable activity of suprarenal extract have had a salutary effect; observers are once more turning their attention to the elucidation of internal secretion, and, as a result, new ideas have sprung up plied to practical purposes, and though there was lack of success in the case of the particular organ chosen for the demonstration of the new idea, other organs have yielded material whose beneficial effects are acknowledged on all hands.

Treatment by means of other organic extracts failed, too, and probably from the same reason, that too little was known of the nature of their secretion, or of the way of preparing extracts or administering them. Not until the application of thyroid treatment had been shown to have such certain results, did Organotherapy recover from the over-confidence of its earlier supporters.

It soon became recognized that Gull's "cretinoid state," Ord's "myxoedema," Charcot's "pachydermic cachexia," Bourneville's "myxoedematous Idiocty," and Kocher's "cachexia strumipriva," were practically one and the same thing, and for the first time Brown-Sequard's theory of internal secretion received that scientific support which hitherto it had lacked. From this period onward, organotherapy has been amplified by the study of other organs, carried out on the same scientific plans as were adopted in the case of the thyroid gland, and the scope of the subject has been greatly enlarged. At present the greatest success has followed the study of the thyroid, of the suprarenal body, testicle, brain spinal cord, and of the ovary. Most other organs have been studied on the same lines, but the brilliant results of the earlier studies have hardly been secured to the later ones; there is even now a tendency towards some revulsion against the plaudits in favor of the brilliant thyroid results, as facts are gradually accumulating which tend to show that there are limitations beyond which even thyroid treatment is inefficacious.

Poehl has elaborated a theory largely based on chemical action on the part of various rich in spermatozoa, and is expressed as a thick, creamy fluid. This fluid is treated by exactly the same process as the other ingredients above mentioned.

The above animal ingredients are first fumigated with chlorine gas, and then subjected to carbonic oxide under three hundred atmospheres pressure for several hours. The cylinder is then opened and the menstruum added, after which the entire product is filtered under pressure through a thick layer of sterilized gauze.

The menstruum above mentioned consists of carbon water to which has been added a small amount of chloride of gold and sodium (ten minims of the lymph contain 1-40 grain), this salt being used because of its preservative properties and also because it is mildly synergistic to a cell tonis in view of its cell alterative effects.

With a microscope, ⅛-inch objective, the sediment of the end product will be found to be very rich in perfectly preserved spermatozoa and lymph cells, with fixed tissue cells, red cells, crystals of lecithin, chloride of sodium and spermine phosphate.

The finished product appears as a canary yellow fluid, often with a slight brownish tinge. It has some sediment, almost wholly composed of cells, which sediment is perfectly emulsified by agitation. The Lymph-Compound is acid in reaction. Its method of preparation renders it decidedly antiseptic, its bactericidal strength equaling that of 1-10,000 bichloride of mercury solution.

The active principles in the preparation are chiefly contained in the lymph gland extracts, lymph cells and spermatozoa, these cells being preserved in a perfectly normal condition, so that when injected into the body they will give up their active principles, such as spermine and nuclein, in a nascent condition.

A TREATMENT FOR PRURITUS ANI

(*Maryland Medical Journal.*)

By Harvey B. Stone, M.D.

As is of course well recognized, pruritus ani is properly a symptom and not a disease. Without discussing exhaustively its etiology, pathology, etc., the cause of the distressing itching may be found in some local lesion, such as hemorrhoids, pin worms, eczema, and various other conditions, or in some constitutional disturbance, of which diabetes may be mentioned as an example. Obviously, where the cause is known, the principles of treatment will be determined by the particular nature of this cause, and it is not the purpose of this paper to discuss such cases. There remains, however, the large and most difficult group of cases in which no causative factor can be definitely discovered and which are grouped under the term idiopathic pruritus.

Various theories—acid secretions, latent infection with special types or organisms, central and peripheral nerve disturbances—have been advanced to account for the condition. No less various treatments have been employed for its alleviation. The whole gamut of ointments, powders, lotions, irrigations, etc., have been employed with varying but never general success. Cauterization, X-ray exposures and vaccines are rather more recent attempts to solve the problem. Operative measures, such as the Ball and Lynch procedures, for division of the peripheral cutaneous nerves, have been employed. The fact that the latter have a certain field of usefulness and popularity is evidence of the extent to which the patient is willing to go to seek relief. One who has listened to the histories of such cases, with long months and years of intolerable annoyance and distress, broken rest, lost sleep and impaired health, will feel that the attempt to improve our methods of attack upon this condition is not an unworthy field of endeavor. It is the purpose of this paper to make a preliminary report of such an attempt.

The success of alcohol injections for producing local lasting anesthesia in facial and other forms of neuralgia suggested the application of the same principle for the abolition of unpleasant sensations from the anal and perianal regions. The alcohol of course, produces its effect by destruction of the nerve fibres with

HYOSCINE SLEEP IN OBSTETRIC PRACTICE

A review of the phenomena following the administration of hyoscine, morphine and cactin during labor, with the citation of cases. Reprinted from the Medical Record of January 12

By WOODBRIDGE HALL BIRCHMORE, M.D., Brooklyn, N. Y.

SINCE the rediscovery of the conditions under which the deep sleep, resembling death in its soundness, of which the tradition had come down through the ages, could be produced, men in various parts of the world have made use of it to obtain insensibility to pain. A few have made use of it in the practice of the obstetric art, and some have furnished to me notes more or less complete of their experiences. From their notes I have gathered certain facts which I have used to form the material for this thesis, which may be considered, I believe, as a statement of the conditions in fact and in practice, on which that great improvement in the obstetric art for which we have long been looking, may reasonably be grounded.

The actual results which have been attained may be summarily stated in very few words; the patient slept, labor came on, and progressed in accord with usual conditions, normally in relation to the details. The labor was not prolonged, far otherwise, and in no case was it needful to use an inhalant anesthetic, although the forceps was used thrice. The only case in which the mother showed any signs of awakening was one not demanding interference. *No results influencing the infant unfavorably were observed,* although most anxiously looked for. Such is a summary of the results, but that this summary may be duly appreciated it is well to consider the whole proposition, theorem, and demonstration in detail. The hyoscine was administered hypodermically in doses of 1-100 grain, in combination with morphine 1-4 grain, and cactin 1-67 grain. This amount was given in solution in 1 Cc. of water, and repeated as required. Much stress is laid upon the absolute purity of the ingredients for reasons which are obvious, but it is of special moment when so small a dose as that of the hyoscine is used that the nearest possible to absolute purity should be attained.

When the Remedy is Given

As a rule, the remedy was given hypodermically, but in one instance the first dose was given per os, and, except for a delay in taking effect, no change from the normal was seen. The first dose was given as soon as the first stage of labor was certainly begun, and was in most cases sufficient to hold the patient until the so-called expulsive pains were distinctly pronounced. The instant the patient began to show the least evidence of perception of pain, the second dose was given. In the cases requiring the aid of the forceps a third dose was given in two instances, but not in the third case,

Blue mass and soda internally. High alkaline enema.

These are just a few methods of using drugs subcutaneously or locally. It is impossible to cover even a fair portion of the subject in an article but these suggestions may lead the reader to investigate the subject further. The man who has tried to pass a catheter or sound and failed owing to presence of stricture and then after an injection of ten minims of a lobelin solution has passed the same instrument with ease realizes the value of local medication. So too the practician who has saved a croupous child with an injection of apomorphine, or quieted an hysterical or alcoholic patient with the same drug, is apt to determine that there are other ways of getting results from medicine than by exhibition per os.

The long list of active principles now at our disposal enables us to secure almost any effect we desire, promptly and positively, without disturbing the stomach with our medicines—or allowing the stomach to disturb them, which is equally important. Glucosides and resinoids are not as a rule soluble in water but many of them are easily dissolved in glycerin or alcohol. With a little care either of these may be so diluted as to prove unirritating.

In closing it might be well here to accentuate the fact that weak saline solutions do not give pain to the patient, while plain aqueous solutions do. Clean, sharp needles of different lengths and calibers and a good syringe (all metal) should be always in the pocket or medicine case of the modern and positive therapeutist.

SOME PNEUMONIA BREVITIES

The treatment of pneumonia, its accidents, complications and sequels, boiled down and concentrated—printed in paragraphs of a single sentence

By WALLACE G. ABBOTT, M. D., Chicago, Illinois

As external application, light, compact and close fitting cotton-batting jacket well greased—camphorated oil good, most anything will do.

External heat by the use of bags and bottles of hot water or other means of keeping up uniform dry heat—poultices or other wet applications never.

By emptying and disinfecting the bowels, thus preventing autotoxemia, we remove about 40 per cent of the gravity of this disease.

Give calomel, gr. 1-6 (or calomel, podophyllin and bilein), every half hour for six doses, followed by sufficient saline laxative to flush the bowel.

If the stools are odorous, give sulphocarbolate of sodium, five to ten grains at a dose up to 40 grains each twenty-four hours.

After the stools cease to be malodorous, give just enough sodium sulphocarbolate to sustain this effect, the average adult dose being 20 grains a day.

For the fever give aconitine, gr. 1-134, to sustain the heart, and digitalin, gr. 1-67, together every quarter hour to one hour, according to need as shown by fever and pulse.

To the above, in asthenic cases, add to each dose strychnine arsenate, gr. 1-134, to sustain all the vital functions and promote resolution.

In sthenic cases add to the aconitine and digitalin, veratrine, gr. 1-134, to curb fever and promote the elimination of the toxins generated by the disease.

The above two "triad" combinations form the standard basic treatment of all cases, changing from one to the other as asthenia or sthenia predominates.

Pleural pain or slight effusion is relieved by the use of bryonin, gr. 1-12 every half

in the *Therapeutic Gazette* two years ago on the subject and the plan "looked good" to him.

Feeling that there might be something really good awaiting the busy practician we wrote Dr. Lawrence and asked him to outline his method. The following clear and concise statement of facts will enable any reader of CLINICAL MEDICINE to try this method, which seems to give good results in Dr. Lawrence's hands. The necessity for strict asepsis is evident. We hope that the plan will be thoroughly tried and results reported.

As Dr. Lawrence does not claim to have originated the idea of using catgut in this way perhaps the discoverer of the method will reveal himself.

Dear Dr. Abbott:

"I do not claim to have been the first user or inventor of the catgut method treatment for the cure of hydrocele, nor do I know the doctor who first called it to my attention. In fact, the only reference I ever saw in regard to it was about three lines in the *Medical Record* some twelve years ago.

"From that hint I elaborated and perfected the technic and used it eight years with 100 per cent cures. It seemed so simple and useful that I read a paper before our city medical society in New Britain, Conn., and published the same in the *Yale Medical Journal*, our state society organ.

"That is some two or three years ago and it received many comments mostly favorable at that time. Dr. Albright of Philadelphia gave quite a gist of methods in his little paper, and as I am always busy I felt it was well-known without further exploitation.

"It is with regret that I am unable to write this up as it should be as so much depends on doing the operation just right to secure right results. But here is an outline of the method:

"First. Make sure the trouble is hydrocele.

"Second. Under proper aseptic conditions insert a small trocar which will take No. 3 catgut easily.

"Third. With canula still *in situ* insert ten to twelve inches of No. 2 or 3 sterile catgut.

"Fourth. After the catgut is entirely through canula and coiled within the sac, remove the canula and seal the opening with collodion or zinc oxide plaster.

"That's all.

"The point of being sure of diagnosis is no more important than in any method; but this is always of utmost importance, for no one likes to stick a trocar into a hernia or kindred condition.

"The point of asepsis means an aseptic condition of the scrotum, trocar, catgut, hands, and all things used and handled from beginning to end.

"The catgut used must be sterile and straight to insure this point. I take No. 2 and 3 gut in thirty lengths, as sterilized by J. & J., dry package, and string them through a glass tube twelve inches long, i. e. tying loosely so as to allow for contraction when boiled. I boil this in sterile water carefully for fifteen to twenty minutes, wrap it in sterile gauze and dry out carefully in oven.

"This gives two pieces for each strand, one length inside the glass tube and one outside of the tube. This gut is stiff, firm and straight and will go through the canula easily; as it passes into the sac a little manipulation is needed to coil it about and slip it entirely within.

"The reaction is slight, pain very little or none, a marked contrast to the injection method. I no longer keep the patient in bed and seldom put on a suspensory. It takes from three to nine weeks for the scrotum to assume its normal size and the hydrocele to be cured. During this period it is sometimes well to inspect the patient and reassure him.

"It is impossible for me to quote cases or discuss reasons why the walls close together, but I suppose the presence of the aseptic gut causes cell proliferation and agglutination of the sac walls. I do know that I have used it for ten years in all types of hydrocele without a failure or sepsis. I have also used it in a bad case of house-

and with home remedies, but nothing has done much good, except traveling. I have recommended elastic bandage, but am not able to say to what extent he can expect benefit and what to expect from a bandage of that extent and of that nature. I should like to have your advice as to what extent the bandage could be used; whether up the whole of the limbs and on up the lower third of body, and could such a bandage be made that would do any good; or should the bandage come up both limbs to the body only, in the form of stockings? I would like to know what such a bandage as would be necessary for this ought to cost. What can be expected from an elastic bandage in such a case and what is the best treatment for the ulcers?

A. C. B., Oklahoma.

The best treatment for leg-ulcers is as follows: Cleanse thoroughly with H_2O_2; cut away or curet any necrotic tissue on sloughing floor; then apply pure turpentine (Merck) with a camelshair brush; snugly fit into the ulcer a piece of gauze saturated with turpentine, cover with another pad of gauze, a handful of cotton and a snug bandage. Repeat this dressing daily until granulation is established and the edges close in. Now place a few pin-point grafts upon the surface, after cleansing with a boric-acid or normal salt solution (taking these pin-point grafts from the thigh or the arm of the patient). After placing them, cover with perforated rubber tissue and flood the area with bovinine, apply one thickness of lint, then another piece of oiled silk (unperforated); cotton and bandage in the usual manner. Renew bovinine and dressing twice daily (not removing the *perforated* tissue, unless signs of hyper-secretion or pus are evident) until the second day and then, with great care, catch one corner of it with a pair of forceps and float it up with warm boric-acid solution thrown under it with a dropper. Healing will soon take place. Varicosities of the lower extremities are invariably benefited by well-fitting elastic bandages or elastic stocking. These can be obtained from the Empire Bandage Company or from any good surgical appliance house. The support must be worn, however, a long time and the limbs should be elevated before the bandage or stocking is placed. Of course, varicosities may be cured by surgical procedures (tying of the saphena, for instance); but we cannot prescribe for this patient because we do not know just where the trouble originates. Full doses of hamamelin and æsculin with ergotin and cornin are frequently of benefit. The bowels must be kept open and the liver active. It is not at all difficult to secure elastic compression of the lower part of the body and an elastic garment similar to a pair of bathing-trunks can be applied together with a pair of full-length elastic stockings. You will find the advertisement of the Empire Elastic Manufacturing Company, Lockport, New York, in the JOURNAL. The "Master" elastic stocking made by a New York house has always given perfect satisfaction.—ED.

—

QUERY 5226—"Anal Stricture and Fistula." Male, forty years old, married, alcoholic to quite a degree, until four years ago. An abscess developed one-half inch from anal margin about two years ago. Fistula followed. Was operated on about one year ago by a, presumably, incompetent, and patient says the doctor cauterized the gut inside with silver nitrate. Fistula did not heal. Patient went to some doctor in Kansas City, and was treated without success, except to help, possibly, the fistulæ; but rectum is now contracted—so small that only the little finger can be introduced, owing to scar-tissue, as patient says, from the silver nitrate the doctor used. Patient has some purulent discharge from rectum all the while, and while I have made no examination, it is my belief that the fistula is not healed, as there is continual suffering. There may be a tubercular condition, and I fear there is. Now, do you think that thiosinamin would be of any use in the treatment of the stricture, that the doctors (?) in Kansas City could not cure by dilating. If so, how would I best use it; and if not, could you offer a suggestion as to the treatment of the case from this meager descrip-

Ten Best Formulas

Best Ointment for Pruritus Ani.

℞ Phenol, 20 grs.
Calomel, 1 dram.
Tar, 1 dram.
Menthol, 10 grs.
Zinc oxide, very fine, 1 dram.
Petrolatum, 6 drams.
Lanolin, 2 drams.

Bathe with water as hot as can be borne and apply twice daily.

Best Treatment for Chancroid.

Cleanse the chancroid with a bichloride solution (1 grain to the ounce); anesthetize with cocaine, eucaine or alypin; cauterize with a 10 per cent. solution of formaldehyde (i. e. 1 part of formalin or the official liquor formaldehydi to 3 parts of water). Then let the patient apply calomel, airol, aristol or europhen, 3 to 6 times a day. Do *not* use silver nitrate.

For Perspiration of the Feet.

Wash the feet with a weak formaldehyde solution (1 part liquor formaldehydi to 9 parts of water); then dust with a powder of the following composition:

℞ Salicylic acid, 2 drams;
Burnt alum, 2 ozs.
Tannic acid, 2 drams.
Purified talc. 4 ozs.
Oil of bergamot, 10 drops.

Rub well into the feet every night and shake into the stockings every morning. Change stockings every day.

Cracked Nipples.

Wash carefully several times a day, especially after nursing, with a very weak hydogen peroxide solution (one teaspoonful to two ounces of water). Wipe carefully and apply the following:

Aristol, ℥i;
Olive Oil, ℥ii.

And cover with a piece of cotton. Heals very quickly under this treatment. Painting the nipples with tincture of benzoin (the simple, not compound) also gives very good results.

For Irritable Sexual Impotence.

Give strontium bromide 10 grs. three times a day, and in severe cases an additional dose of 20 grs. at night. Also the following capsules:

Ergotin 2 grs.
Hydrastine hydrochlor, ¼ gr.
Lupulin, 2 grs.
Camphor monobromide, 1 gr.
S.: One capsule 3 times a day. Avoid strychnine.

Mumps.

Rub in unguentum Credé or the following ointment:

Guaiacol, 30 min.
Ung. Hydrargyri, 1 dram.
Ung. Belladonnæ, 5 drams.

The effect is enhanced if this application is covered with a hot water bag or hot clay paste.

In Diabetes.

The best combination for reducing the glycosuria (which does not mean curing the diabetes) is the following:

Codeine, 1 gr.
Antipyrin, 5 grs.
Salol, 5 grs.
Mf. Pulv. vel. caps. No. 1.
S.: One such powder or capsule three times a day.

The codeine may be gradually increased to two and even three grains per dose. It is remarkable what large doses of codeine diabetic patients will stand.

For Chilblains.

℞ Ung. Plumbi, 4 drams.
Bals. Peruv, 1 dram.
Adipis lanæ, 4 drams.
or
℞ Calcis Chlorinatæ, 1 dram.
Adipis, 7 drams.

These are good ointments. You may rely on them.

In Goiter.

℞ Quinine hydrobrom. 5 grs.
Ergotin, 1 gr.
Arsenic trioxide, 1/100 gr.
Mf. caps. No. 1. Tal. Dos. 100.

In addition to the above sodium phosphate or an effervescent saline laxative should be given every morning.

The Best Ointment for Lumbago.

℞ Ac. salicylici, 1 dram.
Camphoræ, 2 drams.
Chloral, 2 drams.
Oleoresin Capsici, 30 grs.
Ol. Sinapis, 15 drops.
Petrolati, ad 2 ounces.
S.: Apply with strong friction three times a day.

development is in the hands of the clinical physician, the family doctor. Experiments on animals are well enough but they are not final—if they were, we should pronounce arsenic an excellent and safe cathartic. The application of our deductions to actual practice remains as the great final test, the capstone to the arch. It is not the laboratory but the clinician—it is *you*—that must take up the work; you that must stand shoulder to shoulder with us if the best that can come is to come from this great movement. Forward!

GELSEMININE: A NEGLECTED ALKALOID

This powerful alkaloid is beginning to attract attention, and inquiries are being made as to its clinical application. Its effects are those for which gelsemium is employed, but the galenic preparations are uncertain, not only as to strength but as to action. The latter is due to the presence in varying proportions of a second alkaloid, whose effects, while not definitely studied, are known to resemble those of strychnine. Gelsemium and gelseminine are employed strictly for their sedative effect.

In *Ellingwood's Therapeutist* for July the editor contributes a paper on gelsemium from which the following data are taken:

This agent is a depressant, paralyzing the spinal inhibitory ganglial cells and the spinal motor-nerve cells. Small doses, by sedating inhibition, may cause a primary increase of motor activity, but after toxic doses the muscular paralysis is extreme. Even with complete muscular relaxation the mind is tranquil and respiration unimpaired. In fatal doses, however, death results from paralysis of the respiratory centers. The pupil is dilated and accommodation paralyzed, causing amblyopia, diplopia, dizziness, exophthalmos and drooping of the eyelids; the latter being an early symptom of the

The principal indication fo
is acute cerebral hyperemia,
by a bright flush on the face
with contracted pupils, hot sk
lessness and excitability. Ne
and irritability are high, the h
are hot, fever rises, the pulse
quick but not always hard.

The indications for gelsemi
presented in the acute febril
childhood, either specific o
doses should be pushed until
the eyelids droop. It is also of
in treating acute colds, smal
given every half hour. In i
very useful; also in acute neph
exposure to cold or wet. F
pains in the urinary organs
cystitis it is an excellent rem
tenesmus and chordee are fu
by gelseminine. Bloyer empl
severe pains in the liver, kid
bladder, uterus or ovaries. It
tive in dysmenorrhea of the
congested type, also for conge
rhea. Ovarian neuralgia is co
if spasmodic. Few if any rem
uterine colic so certainly. It h
with benefit to induce dilatio
os, when the parts are dry and
hard, thin and unyielding, ne

Gelseminine has a marked
neuralgias of the fifth nerve; a
aches from cerebral hypere
fluence over sciatica is uncerta
wood speaks of its value for per
pains in the muscles.

Gelseminine is of value for r
to irritability and general nerv
in patients of normal strength
symptoms in such cases are re

Gelseminine, in effective do
pressant than aconitine or ve
writer has employed it in man
the above indications were pre
found it uniformly effective.

octor's influence with his patients. There hould certainly be harmony within our wn ranks.

We are firm believers in the maxim that, for all ight judgment of any man or thing, it is useful, nay ssential, to see his good qualities before pronouncing on his bad. —Carlyle.

A LAW AGAINST SUBSTITUTION

At its last session, the legislature of the tate of New York passed a bill which will, is hoped, put an end to the misbranding f drugs, medicines and food products, nd make the practice of substitution if ot impossible at least too expensive to be rofitable within that state. This bill has eceived the endorsement of the governor and ill go into effect the first of September.

By the terms of this bill any person who n putting up any food, drug or medicinal reparation "puts any untrue label, stamp r other designation of contents" upon any ackage containing it, or who "substiutes or dispenses a different article for r in lieu of any article prescribed, ordered r demanded" or who "puts up a greater r less quantity of any ingredient specified n any such prescription" will be guilty of misdemeanor. Upon conviction for a econd offence he may be imprisoned for ot less than ten days or more than one ear, and fined not less than $10.00 or ore than $500.00. Upon a third conviction an offending druggist may be derived of his license and disqualified for rther engaging in the drug business.

The passage of this law is due largely to he energetic efforts of Charles Roome armele of New York, who has been workg to this end for at least five years. The w it a good one and we hope will be gorously enforced. No man who believes absolute honesty in the dispensing of edicine can object to it, and yet we underand that there has been a hard fight to revent the passage of this bill on the part men who should stand for and endorse articles. The law is simply another expression of the need of the times for the "square deal." We hope it may be extensively copied in other states.

UTEROOVARIAN REMEDIES

In *Ellingwood's Therapeutist* for July we find a table containing some studies on the group of remedies affecting menstrual and other of the affections of the female genital apparatus. Although the data are obtained from observations made in the sick-room on sick human beings and not in a laboratory on guinea-pigs or rabbits, they may still be found to contain some hints of value as leading to further investigation.

We quote:

Viburnum Prunifolium (*Viburnin*).—Mild nerve sedative and antispasmodic; relaxes muscular and reflex irritability, relieves the nervous irritation of pregnancy, tones and soothes all the female genital organs, quells sympathetic disturbance from uterine irritation, and overcomes sterility. Indicated in spasmodic dysmenorrhea, nervous and sympathetic irritations, and persistent irregularity of menstruation, as to time or quantity. The best remedy to prevent miscarriage, in full doses frequently repeated; for habitual abortion—reliable unless membranes are ruptured; in habitual cases give early and until the perilous time is well past. (Viburnin, gr. 1-3 every half to one hour, regulated by the pains, is a fairly effective dose.) Given before labor commences it soothes nervous irritations and pains, prevents morning sickness and induces a cheerful, hopeful state of mind, besides preventing accidents. During labor it promotes normal conditions, regulates muscular action and prevents hemorrhages. After labor it aids in restoring normal tone and capillary circulation, preventing subinvolution, prolapsus and other malpositions. It is also of value in irregular menstruation, at the menopause, especially when occurring during fever when

and at the same time used the new anesthetic, the H-M-C compound, and with happy results. The patient, under this combination, would have a good strong pain, then a nice rest, and then a good pain.

In one case in particular I gave only a half-size dose of H-M-C and the ergot, and it acted nicely. It seems to cut off the continuous pain that ergot produces so that one gets the good, intermittent, strong pain from the ergot and the relaxation from the H-M-C compound.

As I have not noted this in any of the contributions to the literature of this subject I thought perhaps it might be of vital importance to some one in the profession and consequently write this account.

H. LEUCHMAN, M. D.

Higley, Okla.

::: SURGICAL THERAPEUTICS :::

SEVERE BURNS

Shock is sometimes profound in severe burns, amounting to total collapse in some instances. As this is dependent in great part on the intensity of pain, a good plan is to give at once as large a dose of morphine as the patient will bear (children cannot tolerate much morphine)—usually to an adult a half grain hypodermically with one-thirtieth of strychnine; or better still, a tablet of the hyoscine-morphine-cactin anesthetic, and a second one in two hours, if needed. Blankets should be wrapped around the body and the patient speedily removed to a hospital or his home, where artifical heat may be applied if the shock continues. Here the popular remedy, a "good drink of whisky," is indicated, and it may be repeated in half an hour if collapse continues. Digitalin may also be injected a half hour after the morphine. A most popular application, used in nearly all great iron-foundries, is "carron oil," of this composition:

Lime water	125 parts
Linseed oil	125 parts
Phenol	10 parts

Gauze is saturated with this and applied to the burned surfaces, and changed every twelve hours. In small burns a saturated solution of carbonate of sodium (common washing soda) checks the pain. The best application is 5-percent aqueous solution of picric acid, cloths or gauze being wrung out of it and applied to all the affected surface; but it stains everything a bright yellow, which will not come off. Rubber gloves must therefore be used in handling it.

ANAL FISSURE

Before resorting to operative measures it is best to give laxatives and to burn thoroughly the fissure with pure carbolic acid. Next day it is well to begin the use of glycerin suppositories containing 5 percent of iodoform. In a few minutes after the introduction of one into the rectum, a free and painless bowel-movement will occur. The suppository may be used every day. An old remedy was a teaspoonful of sulphur at bedtime; and by its mild laxative effect it certainly did much good. It may be combined with powered cinnamon to cover the smell and taste.

PROLAPSED KIDNEY AND INSANITY

Our hospitals for the insane contain thousands of patients (particularly women) who suffer from wandering kidney. Many of these unfortunates, indeed, might have been saved loss of their equilibrium by timely suspension of the loosened kidneys. This must not be construed as a statement that wandering kidney is a cause of insanity, but simply that the irritation resulting from the dragging of the displaced organ is enough to unbalance an unstable mentality.

Reprinted from "Southern Practitioner", July, 1908.

NEUROSES OF THE STOMACH.

W. T. MARRS, M. D., PEORIA HEIGHTS, ILL.

This term is rather expansive in scope and may include a wide range of stomach disorders in which there is absence of a true pathologic basis. In stomach affections, however, as well as in a great many other painful conditions, functional disturbances may occasion about the same degree of suffering as that arising from a marked pathological process. The majority of neurotic ailments in general find a certain degree of expression in the stomach. This may in a considerable measure be explained by the far reaching distribution of the branches of the pneumogastric nerve and by its rather complex function. No other nerve concerns life in so many and diversified ways as does the pneumogastric.

Two classes of individuals are especially prone to gastric affections of this kind — hysterical women and neurasthenic men. The majority of cases of hyperchlorhydria coming under my observation have had no tangible etiology and have yielded to measures directed toward toning up the nervous system with a little sedation of the gastric mucous membrane. I find that the greater number of neurasthenics are obsessed on the matter of diet and that the imagination is inclined to dominate them in regard to what they eat. A certain number of persons, however, have unmistakable idiosyncrasies, and to partake of something on the tabooed list would mean to invite much suffering. A good deal of the gastric disturbance from which neurasthenics suffer is due to over-eating and insufficient mastication, for these individuals are so often not inclined to eat or do anything else consistently and in moderation. Some of the other symptoms from which they complain are pyrosis, eructations, borborygmus, gastralgia and gastric distress. In a number of cases that I have noted, the appetite wavered between voraciousness and a disposition not to eat at all. Bulimia and a perversion of the taste are not uncommon, the desire for peanuts, onions, pickles, salt mackerel and many other unusual things being at times so uncontrollable that the individual is not satisfied until he has obtained the object of his longings and perhaps indulged immoderately.

CLINICAL EXCERPTS.

VOL. XII. NEW YORK, NOVEMBER, 1906. No. 11

SPECIAL ARTICLE.

The Problem of Venereal Prophylaxis; Some Remedial Suggestions Relating to it.

By A. L. WOLBARST, M.D., New York,
Attending Genito-Urinary Surgeon, Beth Israel Hospital Dispensary.

The time appears to be ripe for positive steps to be taken in the direction of systematic and scientific prophylaxis of venereal disease. Through the efforts of men and women of energy and persistence, that other universal scourge, tuberculosis, has been taken in hand, and to all observers it must be apparent that considerable headway has been made in the fight against this devastating disease. Already the public has learned the dangers of tuberculosis, and what is still more important it has also learned how the disease spreads and how its further extension may be prevented. Making due allowance for the differences in the character and manifestations of venereal diseases and tuberculosis, we can and we must adopt similar measures in any attempt to diminish the far greater ravages of the diseases of venery; and the methods that have been productive of success in the fight against tuberculosis will likewise succeed in the campaign against these social diseases.

In order that we may have a proper view of the matter in hand, let us briefly consider the conditions we have to deal with. As medical men, let us first of all eliminate entirely all questions of morality. This is of the highest importance. Let us deal with medical and social conditions as we find them, not as they ought to be in an ideal community; for if we adopt a wrong point of view, we create for ourselves a wrong picture, a picture that does not easily lend itself to our aim and purpose.

It goes without saying that first and foremost in any discussion of venereal disease, is the subject of the "social evil," so-called, or prostitution, regarded as an existing institution. Let us begin by admitting

mainly to the nose and adjacent parts, the term polynasal catarrh is suggested.

4. Polynasal catarrh has certain definite symptoms by which it can be differentiated from influenza.

5. Polynasal catarrh is a self-limited disease.

6. Treatment should be directed toward the relief of the symptoms, both constitutionally and locally.—*The Lancet Clinic*, May 15, 1909.

Clinical Gonorrhea in the Male.

By Max Hühner, M.D., New York.

(*Continued from September issue.*)

Injection Treatment.

General Remarks.—We now approach the very important subject of treatment by injecting certain substances into the urethra, anterior or posterior, or both, or into the bladder. Before discussing the various remedies used, and the different methods of applying these remedies, I would like to make a few general remarks that apply alike to all injections. All the difficulties in estimating the value of internal medication mentioned before apply with equal force to injections. To these I may add another difficulty, a difficulty which it took me years of experience and close observation to appreciate, and which I do not at present remember having seen set down, or at least emphasized, in any text-book or monograph. *Any gonorrhea, whether acute or chronic, anterior or posterior, whether previously treated by injections or not, will be temporarily improved by any new injection material.* The lack of appreciation of this fact led me in my earlier days in the treatment of gonorrhea to make many false deductions. I distinctly remember many years ago when a new remedy was advanced for gonorrhea I at once put all the patients in my clinic on this new injection, and was agreeably surprised to find a definite improvement in every case. I felt certain that the ideal injection had at last been discovered. After a while, however, the disease lapsed back into its previous indolent condition, and on returning to my old injection the same remarkable improvement occurred as it did with the new remedy. This very fact gives us also a hint regarding the therapeutics of this disease, namely, that it is wise from time to time to change the injection, or even the strength of the one in use. It is just a non-appreciation of this fact also that gives the boom to every new substance proposed as an injection for gonorrhea.

advantages over the preparations of sandalwood. The fact that these tablets contain magnesium carbonate, a remedy which stimulates peristalsis, would seem to increase the therapeutic value of the preparation, for in gonorrhea and its complications the intestinal torpor so frequently present adds to the pathological condition, and hence is a source of further secondary infection. I believe, therefore, that thyresol can be recommended as useful and not inactive, if one does not lose sight of the fact that no internal remedy can render local asepsis superfluous in gonorrheal therapy.—*Muenchener med. Wochenschrift,* No. 25, 1909.

Two Remarkable Cases of Phthisis.

By E. Brown, M.R.C.S., L.R.C.P., London.

The first case was a young girl of eighteen with early involvement of the right apex. There was slight dulness and crepitation over this area, accompanied by cough, expectoration of sputum containing tubercle bacilli, loss of strength and weight, occasional night-sweats, and evening temperatures of 99.5 to 101 degrees F. In short, it was a typical case of early phthisis in a young subject. She was employed in business, but this was immediately given up, and the question was discussed of a sea voyage, residence at Davos or other mountain climate, or some form of open-air treatment. Eventually open-air treatment at a sanatorium was decided on, and this she underwent for three months. At the end of that period, however, there was a further loss of 7 or 8 pounds in weight, the cough, expectoration, and night-sweats were no better, and the strength was less. As she was obviously not even maintaining her ground she returned home. Various drugs were tried for some time without lasting benefit. Guaiacol in capsule form seemed to do a little good, but it had to be abandoned after a short trial, as it interfered with digestion and caused sickness. I heard, however, of guaiacose, which contains guaiacol in a non-irritating form, and immediately prescribed it. Very soon the patient began to regain her appetite, and her digestion improved. She took the preparation well from the commencement, and the gradual loss of flesh ceased. In three or four months' time she was putting on weight slightly, while the night-sweats and temperatures had disappeared. She was residing for over a year in a cottage situated on high ground, and though living largely in the open air no special details of that form of treatment were followed. At the end of six months' time she had gained 7 or 8 pounds in weight, had a good appetite, and all that troubled her was a slight cough. Expectora-

L. GEO. DEVEBER, M.D., C.M.

OFFICE OF

P. M. CAMPBELL, M.D., C.M.

DRS. DEVEBER & CAMPBELL

LETHBRIDGE, ALTA., ... 190.....

℞. Ichthyol ℥j
Starch (or flour) ℥j
Ol. ol. alb. m x
Aq. ℥ss. m

for erysipelas

2. Apply fresh once every 24 hours, till cured. On second day, apply on top of first application.

Ac. Carbolic 3 parts
Ac. Salicylic 6 "
Hydrarg. Ammon. 6 "
Ol. Cade. 9 "
Vaseline white qp. ad 100 "

Application for skin disease

Surgical Suggestions.

Cold abscess and lipoma often simulate each other very closely, especially around the chest. If in doubt, aspirate.

A history of attacks with symptoms of esophageal stricture and intervening periods of well-being is suggestive of cardiospasm.

Have the tracheotomy instruments handy before operating upon a case of angina Ludovici.

In "Ludwig's angina," the cardinal principle in the treatment is extensive incision. An incision that passes no matter how deep into the substance of the submaxillary gland proper, will prove of little avail unless the tissues within the wound have been broken up until they are practically pulpy.

In the presence of a hard, diffuse chronic swelling in the neck having some of the appearances of a malignant growth, the possibility that the tumor is a so-called "woody phlegmon of Reclus" must be considered.

All swellings of the lower jaw accompanied by discharging fistula, especially multiple fistulæ, should be looked upon with the suspicion of actinomycosis until proven to be otherwise.

It is a wise rule to submit all removed hypertrophied prostates to thorough examination by a pathologist. Carcinomatous degeneration may be found in some spot.

Carcinoma of the prostate often does not recur for some time; meanwhile the patient may look surprisingly well. This should not beguile the surgeon into a too hopeful prognosis.

If a bubo shows no sign of disappearing under wet dressings, ice bags, etc., and evidences of suppuration are developing, it is better to make a clean dissection and excise the gland without opening it than to incise and drain.

In cases of renal colic do not make too positive a pre-operative diagnosis of calculus, no matter how typical the symptoms may be. It has happened very often at the time of operation that no stone is found. Fortunately, these cases are nearly always cured by the exploratory nephrotomy.

Never divide the annular ligament of the wrist. The hand is much weaker after it is divided than before.

The surgeon should not wait for redness before making a diagnosis of palmar abscess. Owing to the density of the fascial structures this sign is often lacking in the early stages.

Amputation of a finger gangrenous as the result of carbolic acid application should not be performed until the line of demarkation is well established. The necrosis may be superficial and in such an instance the finger may be saved by means of skin graft.

In the treatment of hand and finger infections, it is very important to release from bandaging as much and as many of the fingers as possible, and as soon as possible. The habit of bandaging up immovably all the fingers, in the treatment of a lesion of some of them, saves the surgeon time but, except in short cases, it often cripples the hand by stiffening the fingers.

Do not operate for foreign body in the knee joint without first excluding dislocation of one of the semilunar cartilages.

In amputations below the knee, insist on active and passive motion in the knee joint at an early date. If this is not done contracture ensues, which makes the application of an artificial limb difficult.

In compound fractures involving loss of continuity do not needlessly remove any piece of bone that has even the smallest attachment. It is surprising how often such pieces heal into the wound and thereby help to save loss of substance.

Fractures of the neck of the femur in old people sometimes cause no other symptoms than disability The mildness of the trauma and the freedom from much pain should not deceive one.

The radiograph of the elbow of a child shows shadows of numerous epiphyses. One inexperienced with x-ray plates is very apt to mistake one or more of these for fractures. When examining the skiagraph of a child's elbow suspected of fracture or dislocation, it is, therefore, important to have the normal picture in mind, or better yet in hand, for comparison.

tion of the non-laxative antacids, such as sodium bicarbonate, or in more obstinate cases by the use of the mildly laxative antacids—*e.g.*, magnesium oxide, milk of magnesia.

The treatment of those comparatively rare cases of spastic constipation is naturally the reverse of that which we have been describing. Here the diet must be unirritating. As we frequently have to deal with a neurotic individual, the nutrition must be improved, and fats not only fulfil this indication but also act as lubricants to the intestinal canal. High enemas of oil have also been found valuable in this form of constipation, and therapeutic measures of a sedative character are to be employed. The treatment really resolves itself into that of the underlying causative condition.

BROMIDROSIS OF THE FEET.

In the *Journal of the Royal Army Medical Corps* for June, 1910, HALE says that he saw a case in a hospital of a man who had been over three weeks there under treatment for bromidrosis, and was not cured. The treatment which he describes is so absolutely successful that even in the worst cases he does not admit them to hospital, but detains them for one day, and when satisfied next morning that his instructions have been fully carried out, he lets them return to duty that day, and tells them to come and see him in a week if any signs of returning disease are seen. He asserts he cannot recall a single case of relapse.

As regards the cause of the disease, he asserts he has no doubt, personally, that it is due to a specific germ, but is undoubtedly brought on by neglect of cleanliness and wearing dirty socks which have been dried frequently without washing; on the other point, namely flatfoot, the author is in accord with Dr. William Bain that in flat-footed soldiers it is far more common.

Hyperdrosis and bromidrosis of the feet seem to be one and the same disease; if the former is neglected, the latter becomes the final and most objectionable form of the disease. The red-glazed and sodden appearance of the soles in a well-marked case are too well known to need any detailed description.

In treatment the patient is detained for the day, but first sent back to barracks for all his socks, boots, and shoes. All socks are to be soaked for one hour in 1-in-2000 perchloride solution, and then well rinsed three times in hot water, and finally well washed. The inside of soles, vamps, quarters, and counters of boots are to be painted with the following solution by a camel's-hair brush:

> Acid salicylic, 1 ounce;
> Methylated spirit, 4 ounces.

The shoes are similarly painted. The feet are to be well washed, and then thoroughly dried and painted with the above solution over the whole of the red area of soles, heels, and sides of the feet, not omitting any red patches which may be found between the toes and under them. The feet, after being thus painted, look thoroughly "snowed" from deposit of salicylic acid when the spirit has evaporated. A dried, clean, or new pair of socks can then be put on, and next morning the feet are repainted in the same way. When the feet are inspected, the great change from the former raw, glazed, sweaty surface is very evident. The medical officer, at his inspection of the feet, should thoroughly satisfy himself that there are no red areas between the toes that have not been treated, and if any are found, they should be at once well painted over.

The author asserts he has not met with a relapse of this disease after the above treatment, and he puts it down as greatly due to the patients feeling such relief on being cured that they afterward carefully carry out the details of cleanliness of socks and feet themselves.

All these experiments and findings go to prove that the living body has polarity. They open up an entirely new field for research. They prove that the emanations of human energy are an index to the physical condition of the subject. This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderalden reactions.

Echinacea: The Vegetable "Antitoxin"

Its Characteristics and Peculiar Therapeutic Effects

By Finley Ellingwood, M. D., Chicago, Illinois

Editor of "Ellingwood's Therapeutist;" and Author of "Treatment of Disease," etc.

ECHINACEA, this rare and very valuable remedy, was introduced into the profession about thirty years ago, but eclectic physicians alone gave, at the first, any credence to its remarkable virtues. The statements made with regard to the action of this remedy were so exaggerated that even the physicians of that school, who ever have been willing to follow any suggestion concerning the properties of new drugs, hesitated about accepting them. But, after witnessing repeated wonderful results, the truth grew upon them, until at the present time this agent is used by perhaps one-third of the entire medical profession. However, not entertaining full confidence in it, it is not prescribed as often, nor in as large doses as a complete knowledge of its virtues justifies. Given within the lines suggested, the remedy does no harm, and it fails, probably, less often than any other antitoxic or blood-corrective remedy of which we have any knowledge.

Furthermore, the influence of its action in these fields is entirely different from that of any other remedy, as it produces, from the first, a general sense of wellbeing and improvement that involves all of the vital organs.

Echinacea is positively a corrective of depravation of the body-fluids. The conditions corrected are included under the terms septic, fermentative, and zymotic, or where there is a disturbed balance of the fluids which results in alterations of the tissues. Where pus is formed, especially in general pyemia, where the pus is absorbed, and where there are local cellular and glandular inflammations, it is especially indicated, as we shall mention later on. It is also a most active antidote to organic poisons as found in the venom of serpents and of stinging poisonous insects of every character and of every clime.

The dosage of the fluid preparations which I have used varies from 10 drops in simple cases, every three hours, to 1 dram every hour in extremely aggravated ones. Doses of 1-2 ounce have been given a few times, but I should call 2 drams the maximum. An average dose is 20 drops every two hours or 30 drops every three or four hours. As the remedy is quickly eliminated, frequency sustains the action of each individual dose. In some instances, the effect of each dose can be watched and the time for repetition be determined for another dose.

I have had less experience in the use of the concentration echinacoid; but, so many reliable observers have declared themselves concerning the satisfactory results obtained from this agent that my confidence in it has been established. So many proofs of its action have been made public that the reader, in all probability, will be able to secure the same effects, and with the same promptness, that have been secured from the fluid preparations. The ordinary dose is from 1-2 to 2 grains every two hours, in tablet form, preferably crushed and administered in hot water.

Physiological Action of Echinacea

Any toxic effect of echinacea is manifested only after massive doses or in especially susceptible patients, seldom occurring with even extreme authorized doses. These effects consist in reduction of temperature; the frequency of the pulse is diminished; the mucous membranes become dry and parched, and there is a prickling sensation; there is headache of a bursting character; a tendency to fainting is observed when the subject assumes an erect position; the face and upper portion of the trunk are flushed; there is pain throughout the body, which is more marked in the large articulations; there is dimness of vision; intense thirst and gastric pains, followed by vomiting and watery diarrhea are experienced. No fatal case of

It's The Little Things That Count

THE "little things" mentioned herein must be of importance to every physician, because they represent the gleanings of over six years' experience and skilled observation on the part of men who embody all that is best in scientific medicine.

They are "little things" about the use of Argyrol which distinguished physicians have thought of sufficient importance to emphasize in lectures in medical colleges and in papers and addresses to such representative bodies as the **American Medical Association, British Medical Society, American Association of Genito-Urinary Surgeons, International Congress of Ophthalmology, American Therapeutic Society** and scores of other societies of like character.

These men have stated that Argyrol is by far the best silver salt and that it will yield uniformly good results, if the "little things" about the use of Argyrol are practiced by every physician.

But to get these desirable results always, the physician should observe the following very simple precautions:

(1.) Specify "freshly-prepared" on every prescription for solutions of Argyrol. This is necessary because many druggists keep Argyrol in stock-solutions, from which they fill prescriptions; these stock-solutions are of uncertain age, are partially decomposed, are frequently irritating and never produce the uniformly good results which follow the use of freshly-prepared solutions of Argyrol.

(2.) In acute gonorrhoea, begin with a ten per cent. solution of Argyrol, injected every two or three hours. Increase the strength of the Argyrol solution to twenty or twenty-five per cent., if you want quicker and better results. A fresh solution of Argyrol, no matter how strong, never irritates—on the contrary, it is soothing and allays pain and inflammation.

(3.) Instruct the patient how to inject the Argyrol solution and have him retain it in the urethra ten minutes by the watch. An injection of Argyrol, properly given, floods the entire anterior urethra with a soothing, germicidal fluid, which need not necessarily soil the clothes.

(4.) After about ten days' or two weeks' use of Argyrol in gonorrhoea, the discharge is greatly lessened or has ceased, and there are few if any gonococci present. At this stage, astringent injections (zinc, lead, alum, bismuth, hydrastin, berberine, etc.) should be given three times daily, and a ten per cent. Argyrol injection, morning and evening. But the Argyrol solution should be injected alone, and the astringent injections alone—that is, the Argyrol should not be combined with the astringents.

Office Solutions of Argyrol for use in diseases of the throat, nose, eye, ear and genito-urinary organs: These should be replaced by fresh solutions about every two weeks, particularly if acute purulent infections are to be treated. But a solution of Argyrol, which is from two to four weeks old, may be used with good results in sub-acute and chronic cases not attended with pain, and where it is desired to avail oneself of the silver action of Argyrol, without the peculiar sedative, inflammation-allaying properties which are possessed only by freshly-prepared Argyrol solutions.

In replacing old Argyrol solutions with fresh ones, the container should always be thoroughly washed to remove all of the old solution.

Purulent ophthalmia, usually gonorrheal, requires energetic treatment by an agent possessing certain properties which are possessed by no other drug but Argyrol, *i. e.*, detergent, gonococcidal, soothing and penetrating. Argyrol solution has the peculiar property of finding its way into all the recesses and crevices of the conjunctival sac, floating out the pus to the surface, thereby cleansing the eye in a manner not possible by any other means.

The "little things" necessary to get best results from Argyrol in purulent ophthalmia were emphasized by Professor Bruns in a paper read before a recent meeting of the *American Ophthalmological Society,* as follows: Use only freshly-prepared Argyrol 25 per cent. solution; flood the eye with it every fifteen or thirty minutes, night and day; do not manipulate the eye or evert the lids; protect the unaffected eye by instilling Argyrol solution every hour or so. Begin this treatment early and continue until pus formation is checked. After that, apply two per cent. silver nitrate to the everted lids to contract the swollen membrane.

Professor Bruns writes: "The discomfort of frequent instillations during the night is less than one imagines. Corneal ulcers are uncommon and when they do appear are held in check.

"The method is far less painful, especially in the acute stage, than any other yet proposed. This is an advantage not merely of good feeling, but enables us to treat many who, even at the cost of an eye, refuse to tolerate severer methods."

SUMMARY.

Argyrol should and will yield uniformly good results in gonorrhea and other inflammations of the eye, ear, nose, throat and genito-urinary organs, providing:

(1.) The druggist has dispensed genuine Argyrol and not an imitation or substitute.

(2.) The "little things" mentioned in the foregoing pages are observed by the physician himself.

In gonorrhoea, injections of Argyrol will allay pain immediately, kill the gonococci and lessen the discharge within a few days, and cause the disease to disappear in a shorter time than any other drug or drugs.

Argyrol itself never varies. It is a definite chemical of uniform composition and not subject to change or deterioration when kept in its solid form, in tightly-corked bottles.

Argyrol is not, in reality, uncleanly or expensive. The stains of Argyrol are instantly removed by 1 to 500 bichloride solution. Therapeutic results of Argyrol are so much quicker and better that the actual money cost of treatment is less than with any other drug used for similar purposes.

A. C. BARNES COMPANY
Successors to Barnes & Hille
Philadelphia

PLEASE REMEMBER:—

Do *not* use a glycerin solution of Argyrol in the eye or urethra.

In cystitis, irritable bladder of women, etc., no agent can compare with Argyrol – one ounce of 10 to 25 per cent. solution, injected and allowed to remain in bladder.

Statistics show that 25 per cent. Argyrol solution will prevent ophthalmia neonatorum.

In diseases of rectum (fissure, fistula, etc.), Argyrol suppositories (20 per cent.) are always palliative and frequently curative.

Argyrol is non-toxic and is safe and efficient in gastric ulcer, etc.

Practically all ophthalmic surgeons use 25 per cent. Argyrol solution for several days previous to cataract operations, iridectomy, etc. It prevents infection.

Intestinal irrigation with 1 to 1000 Argyrol solution (1 to 4 pints, twice daily) in dysentery and cholera infantum, has saved many thousands of lives that otherwise would have been lost.

A 10 per cent. urethral injection of Argyrol will prevent gonorrhoea.

In the posterior nares and larynx a 20 per cent. Argyrol solution may be used by atomizer, but the 50 per cent. solution should be used on an applicator.

In Diseases of Women, an extremely effective local application in vaginitis, endometritis, ulcerations, erosions of the cervix, is a mixture of Argyrol 25 per cent., ichthyol 25 per cent., glycerin 50 per cent., applied either by tampons or cotton-wrapped applicator.

JUST PUBLISHED IN ENGLISH

Principles of Sewage Treatment

BY

PROFESSOR DR. DUNBAR

Director of the Hamburg State Hygienic Institute

Translated with the Author's Sanction by

H. T. CALVERT, M.Sc., Ph.D., F.I.C.

Chief Chemical Assistant, West Riding of Yorkshire Rivers Board

One hundred and forty-seven illustrations
Large 8vo. 294 pages. Cloth, $4.50 net.

AUTHOR'S PREFACE

DURING the last few years I have been repeatedly asked to write a comprehensive book on the sewage problem. About a year ago, when preparing a lecture on the then position of the subjects of river pollution and sewage treatment, I decided to abandon the scruples which I had previously held against writing such a book. I then thought the task was an easy one, for during the previous ten years or more I had carefully followed all matters connected with the sewage problem. However, I have had to make many inquiries and investigations, and my material has gradually become almost unlimited, so

---

J. B. LIPPINCOTT COMPANY
608 Lindsay Building **Montreal**

AUTHOR'S PREFACE (*Continued*)

that it would now be easier for me to compile a work of reference than to write a short book on the principles of the subject. I do not consider the time ripe for the publication of a work of reference, because the whole problem of sewage disposal is developing just now at such a rapid rate that opinions which have been held for a very long time are daily giving way in the face of newly-established facts. Under these circumstances, those who have not been able to follow the separate phases of this development become hopelessly lost in attempting to follow the literature on the subject; they do not recognize all the new forms of apparatus which are mentioned and the new names which are used, and thus feel the need of a book dealing with the principles of the subject, a book written during the development itself, and grouping and critically describing the various phases of this development. Such a book cannot pretend to deal fully with all the numerous legal enactments and proposals which have been made with regard to sewage treatment.

Bearing all this in mind, I have repeatedly been forced to omit some facts which are of themselves valuable as supporting various opinions, and others which appeared to require further investigation before being finally accepted. Whilst the book has been passing through the press a considerable number of contributions to the subject have been published. I have tried to include these as far as possible in my material, but a full discussion will appear as a kind of appendix in the pages of the *Gesundheits-Ingenieur*.

Principles of Sewage Treatment

NOTE OF THE TRANSLATOR

In attempting to introduce Professor Dunbar's book to a wider circle of readers than that for which the German edition is available, I have adhered as closely as possible to the wording, and have in all cases expressed the sense of the original.

The excellent and thorough manner in which Professor Dunbar has dealt with the subject, and the absence of an exactly similar work in English, have formed additional inducements for undertaking the translation. The book may be read with profit by all interested in the sewage problem.

Outline of Contents

Part I.

Historical Development of the Sewage Problem

CHAPTER

I. Growth of River Pollution.
II. Legal Measures Taken by Central and Local Authorities.
III. Rise and Development of Methods of Sewage Treatment.
IV. Earlier Views on Methods of Sewage Treatment—Their Object and Utility.

Part II.

The Present Position of Sewage Treatment

V. The Characteristics of Sewage.
VI. Objects of Purification Works.
VII. Description of Methods for the Removal of Suspended Matters.
VIII. Methods for the Removal of Putrescibility.
IX. The Disinfection of Sewage.
X. Supervision and Inspection of Sewage Disposal Works.
XI. The Utility and Cost of the Various Methods of Sewage Treatment.

J. B. LIPPINCOTT COMPANY

608 Lindsay Bldg., Montreal

_____ 190

Gentlemen: Please forward, prepaid, one copy of

PRINCIPLES OF SEWAGE TREATMENT

By PROFESSOR DUNBAR. **Translated by H. T. CALVERT**

in cloth binding, for which find inclosed $4.50.

NAME _____

STREET _____

CITY _____